

AGENDA

COMMITTEE ON COMMUNITY IMPROVEMENT

September 19, 2016
Aldermen Shea, Shaw,
Gamache, Hirschmann, Sapienza

4:30 p.m.
Aldermanic Chambers
City Hall (3rd Floor)

1. Chairman Shea calls the meeting to order.
2. The Clerk calls the roll.
3. Summary of abatement requests submitted by Fred McNeill, Chief Engineer.
Ladies and Gentlemen, what is your pleasure?
4. Communication from Tim Soucy, Public Health Director, Nick Willard, Chief of Police, and Daniel Goonan, Fire Chief, requesting \$10,000 from the City's contingency account for the establishment of a CIP project to provide for contracted biohazard remediation.
Ladies and Gentlemen, what is your pleasure?
5. Communication from Daniel Goonan, Fire Chief, requesting an increase to their fleet.
Ladies and Gentlemen, what is your pleasure?
6. Communication from Philip Croasdale, Water Works Director, requesting amendments to CIP projects 712016, 712017 and 712317 and authorization to borrow \$2.5 million through a general obligation bond of the City of Manchester.
Ladies and Gentlemen, what is your pleasure?

7. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$58,631 for CIP 210716 Homeless Health Care.
Ladies and Gentlemen, what is your pleasure?
8. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$269,633 for CIP 212015 DHHS Healthy Homes for Healthy Kids & Families Project.
Ladies and Gentlemen, what is your pleasure?
9. Amending resolution and budget authorization providing for the transfer and expenditure of funds in the amount of \$20,700 for CIP 212117 Saturday Night Teen Program.
Ladies and Gentlemen, what is your pleasure?
10. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$50,000 for CIP 212217 Project LAUNCH.
Ladies and Gentlemen, what is your pleasure?
11. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$5,014 for CIP 410317 Sustained Traffic Enforcement Patrol.
Ladies and Gentlemen, what is your pleasure?
12. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$1,200 for CIP 410417 DWI Patrol Program.
Ladies and Gentlemen, what is your pleasure?
13. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$18,000 for CIP 411117 Distracted Driving Patrols.
Ladies and Gentlemen, what is your pleasure?

14. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$15,225 for CIP 411217 Manchester Radars.
Ladies and Gentlemen, what is your pleasure?
15. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$13,912 for CIP 411317 Sobriety Checkpoints.
Ladies and Gentlemen, what is your pleasure?
16. Amending resolution and budget authorization providing for the acceptance and expenditure of funds in the amount of \$10,000 for CIP 811117 2016 Bike Tour.
Ladies and Gentlemen, what is your pleasure?
17. Communication from Leon LaFreniere, Planning & Community Development Director, requesting project closure for CIP 610117 Merrimack Street Group Home Fire Suppression System.
Ladies and Gentlemen, what is your pleasure?
18. Request from Leon LaFreniere to accept the policies and procedures for CIP 610616 Housing Rehabilitation Program.
Ladies and Gentlemen, what is your pleasure?
19. Request for extension of CIP 711613 Odd Fellows Hall Operational Expense Project through 6/30/2020.
Ladies and Gentlemen, what is your pleasure?
20. Request for extension of CIP 810716 Manchester Conservation Commission Operational Budget through 6/30/2020.
Ladies and Gentlemen, what is your pleasure?

21. Request for a change in the administering department for CIP 810917 Permit & Licensing Software Upgrade from Planning & Community Development to Information Systems.
Ladies and Gentlemen, what is your pleasure?
22. Communication from the property owner of 16 Prairie Court requesting subordination of a City lien in the amount of \$20,000.
Ladies and Gentlemen, what is your pleasure?
23. If there is no further business, a motion is in order to adjourn.

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Hal Sullivan
Rick Rothwell
Bill Skouteris
Toni Pappas
Patrick Robinson

CITY OF MANCHESTER
Department of Public Works
Environmental Protection Division

Memo

Date: 8/19/16 16-116
To: CIP Committee
Cc: Lisa Hynes – EPD
June George – EPD
Matthew Normand – City Clerks Office
From: Frederick McNeill
RE: EPD Abatement Requests

The attached table summarizes the 20 abatements reviewed by the Highway Commission at their monthly meeting on August 8, 2016.

Backup documentation for these sewer abatement requests is on file with the City Clerk's office. The electronic version of this request will be forwarded to you as well as the City Clerk's office.

Please let me know if you need any additional information.

City of Manchester
Environmental Protection Division
Summary of Abatement Requests
August 2, 2016 to Highway Commission
August 19, 2016 to CIP/City Clerk

Number	Customer Acct #	Customer	Property Address	Abatement Request Rec'd	Request Reason	EPD Recommendation	Highway Commission Recommendation
1	w 174369-67582	Taylor	Ashland St, 94-96	03/10/16	leaks found/repaired during renovations	Deny	Deny
2	w 169145-7838	Frost	Ash St, 59	04/14/16	toilet leak	Deny	Deny
3	w 159967-34410	Gardner	Brae Burn Dr, 46	04/21/16	toilet leak	Deny	Deny
4	w 69389-50836	Northern NE Benefit Trust	Goffstown Rd, 77	04/21/16	toilet leak	Grant	Abate
5	w 177177-65052	Florence	Lake Ave, 151-155	05/05/16	toilet leak	Deny	Deny
6	w 168931-65950	Lin	Massabesic St, 40-44	05/05/16	toilet leak	Grant	Abate
7	w 156361-66292	Martel	Massabesic St, 318-322	05/18/16	toilet leak	Deny	Deny
8	w 14283-9304	Rogers	Summer St, 719	05/18/16	toilet leak	Grant	Abate
9	w 177817-63822	Shafman	Second St, 964	05/25/16	broken pipes	Grant	Abate
10	w 172809-4872	Lin	Laurel St, 100	05/27/16	broken pipes	Deny	Deny
11	w 141577-21946	Raymond	Cilley Rd, 219	05/31/16	toilet leak	Grant	Abate
12	w 86371-64894	SMV Realty	Elm St, 1265-1277	06/06/16	leaking pipe	Deny	Deny
13	w 93669-68546	New Beech Hill Dev	Beech Hill Dr, 30-118	06/08/16	burst pipe	Deny	Deny
14	w 5853-3794	Hope Tabernacle	Cedar St, 222	06/16/16	toilet leak	Deny	Deny
15	w 36375-24864	Hannemann	Spruce St, 480	06/20/16	toilet leak	Deny	Deny
16	w 127589-24402	Manchester West RE	Blucher St, 266	06/28/16	toilet leak	Deny	Deny
17	w 127729-25544	Fisher	Leewood St, 47	06/29/16	toilet leak	Grant	Abate
18	w 144285-41018	Fernandez	Wellington Hill Rd, 574	07/05/16	burst pipe	Deny	Deny
19	w 172531-2752	Karimianha	Prospect St, 105	07/11/16	washing machine pump	Grant	Abate
20	w 80109-60840	Gillaran	Tory Rd, 74	07/13/16	burst pipe	Grant	Abate
Total Abatements						\$ 5,378.50	

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 3/10/2016

Customer Name: Jeffrey Taylor

Account #: 174369-67582
Combined Billing

Property Address: 94-96 Ashland St

Reason for Request: many issues during construction

Service Dates: 6/4/15-3/15/16

Bill Date: 10/7/15-1/06/166/2016

Consumption: 634 ccf % Increase from Average: 218%

Average Consumption: 291 ccf Based on: 5 yr average

Difference: 343 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

Handwritten signature

Abatement Total: _____ ccf at \$ 3.47 \$ _____ -

Highway Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard

Rick Rothwell
Bill Skouteris

MAR 10 2016

CITY OF MANCHESTER EPD

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Jeffrey Taylor

Address: 78 Esty Ave.

Manchester (Street) NH (Unit)
03104
(City) (State) (Zip)

Phone Number: 603-591-6159

Customer Account Number: 174369-67582

Address of Property for which Abatement is Requested:

94-96 Ashland St. 1,2,3
Manchester (Street) NH (Unit)
03104
(City) (State) (Zip)

Billing Period: Bill date 10/2015

Amount of Abatement Request: \$500.00

Reason for Abatement Request: Please see attached letter

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.
Please see attached

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

 Yes X No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

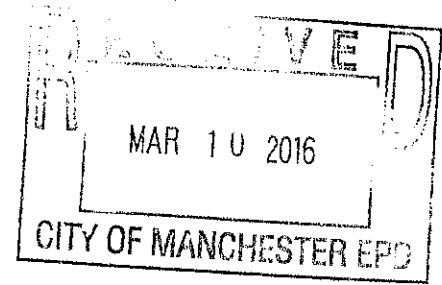
[Signature]
(Signature)

March 8, 2016
(Date)

Jeffrey Taylor
94 Ashland St.
Manchester, NH 03104

March 8, 2016

City of Manchester
300 Winston St.
Manchester, NH 03103



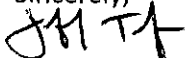
Dear Sir/Madam:

I am requesting an abatement of \$500 for 94 Ashland St. Manchester, NH. My water bill for the last quarter was \$1359.73 which is almost \$600 higher than my present bill. I purchased the property in March of 2015 and am in the process of renovating each unit. I had purchased a new washer and dryer for the 3rd floor apartment at Home Depot and had it installed in August 2015. The day following the installation I received a call from the property manager saying that the second floor tenants had water leaking into their apartment. Upon inspection of the unit, the water leakage was due to improper installation of the washer and the water was left running. Home Depot contracts out their installation work to Raymer's Express, who accepted responsibility for the improper installation and damages (See Attached).

Also, during the period that I am requesting an abatement, I had tenants living in the first floor apartment. Because of such an unusually high bill, I had gone to the Manchester Water Department to question why there was so much water being used. We were told that it was possible the tenants were either letting people use the water or somehow water was being unlawfully taken and/or used. We were told by representatives from the Manchester Water Works that it seemed like an exorbitant bill for just 2 families. The first floor tenants unexpectedly moved out in the beginning of November and in turn, the bill had dropped to \$767.00. Although this amount still seemed high, we were told it was much closer to the amount that is typically used for two families. I have since installed a new kitchen sink and faucet in the 3rd floor apartment and new shower heads in both the 1st and 3rd floors in hopes that the bills will reflect these adjustments. I have had a plumber, a management company maintenance worker, and someone from the Manchester Water Department all out to the house to check and all have verified that things should now be in order.

I believe that we have taken all of the necessary steps to resolve the issues. I hope that with the extraordinary events of water leakage from the faulty installation, and the misuse of water from previous tenants, you will see that this was no fault of my own and will grant the abatement.

Sincerely,


Jeff Taylor

**CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation**

Date Received: 4/14/2016

Customer Name: Frost, Matthew

Account #: 169145-7838
Combined Billing

Property Address: 59 Ash St

Reason for Request: toilet leak

Service Dates: 12/3/15-3/3/16

Bill Date: 4/16/2016

Consumption: 148 ccf % Increase from Average: 172%

Average Consumption: 86 ccf Based on: 7 quarter average
limited history

Difference: 62 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

_____ *Jfm*

Abatement Total: _____ ccf at \$ 3.47 \$ _____ -

Highway Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: CHARITY FROST

Address: 59 ASH STREET # 1
(Street) (Unit)
MANCHESTER NH 03104
(City) (State) (Zip)

Phone Number: (703) 402-4983

Customer Account Number: 169145-7838

Address of Property for which Abatement is Requested:
59 ASH ST
(Street) (Unit)
MANCHESTER NH 03104
(City) (State) (Zip)

Billing Period: 12/3/2015 - 3/3/2016

Amount of Abatement Request: 621.31

Reason for Abatement Request: RUNNING TOILET IN RENTAL UNIT.
FIXED PROBLEM WITHIN TWO DAY OF NOTIFICATION.
JOB INVOICE IS INCLUDED.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Chity (Signature) 4/14/16 (Date)

✓

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 4/21/2016

Customer Name: Gardner, Melissa

Account #: 159967-34410
Combined Billing

Property Address: 46 Brae Burn Dr

Reason for Request: toilet leaks

Service Dates: 8/17/15-5/18/16

Bill Date: 6/1/2016

Consumption: 384 ccf

% Increase from Average: 137%

Average Consumption: 280 ccf

Based on: 5 yr average

Difference: 104 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

_____ *Jm*

Abatement Total: ccf at \$ 3.47 \$ -

Highway Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: William Gardner

Address: 46 BRAE BURN DR.
(Street)

Manchester (City) N.H. (State) 03104 (Unit)
(Zip)

Phone Number: 603-668-8883

Customer Account Number: 153967-34410

Address of Property for which Abatement is Requested:

46 BRAE BURN DR.
(Street)

MANCHESTER (City) N.H. (State) 03104 (Unit)
(Zip)

Billing Period: 11-19-15-2-18-16

Amount of Abatement Request: 367.82

Reason for Abatement Request: 2 Toilet Leaks

N/A If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

N/A If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

____ Yes ____ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

William Gardner
(Signature)

04/20/16
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 4/21/2016

Customer Name: Northern New England Benefit Trst

Account #: 69389-50836
Combined Billing

Property Address: 77 Goffstown Rd

Reason for Request: toilet leak

Service Dates: 10/23/15-1/21/16

Bill Date: 2/24/2016

Consumption: 190 ccf % Increase from Average: 1900%

Average Consumption: 10 ccf

Based on: 2 yr average
Limited history

Difference: 180 ccf

Other Comments: _____

EPD Recommendation: Abatement exceeds 250% threshold

[Handwritten signature]

Abatement Total: 180 ccf at \$ 3.47 \$ 624.60

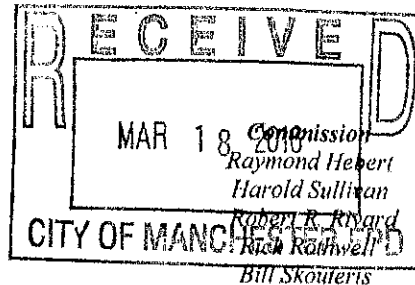
Highway Recommendation: Grant

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Northern New England Benefit Trust

Address: 51 Goffstown Rd.
(Street)

Manchester (City) NH (State) 03102 (Unit)
(Zip)

Phone Number: 603-669-4771 x225

Customer Account Number: 69389-50836

Address of Property for which Abatement is Requested:

77 Goffstown Rd.
(Street)

Manchester (City) NH (State) 03102 (Unit)
(Zip)

Billing Period: 10/23/16 to 01/21/16

Amount of Abatement Request: \$ 624.60

Reason for Abatement Request: Unknown leaky toilet running

for months. This has now been fixed &

should not be a problem in the future.

We do not have an invoice for this fix as it

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

____ Yes X No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Laura Largent (Signature) 3/15/16 (Date)

✓

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 5/5/2016

Customer Name: Kim Florence

Account #: 177177-65052
Combined Billing

Property Address: 151-155 Lake Ave

Reason for Request: toilet leak

Service Dates: 12/24/16-3/23/16

Bill Date: 4/27/2016

Consumption: 312 ccf

% Increase from Average: 140%

Average Consumption: 223 ccf

Based on: 5 year average
Limited Ownership History
Used prior owner history

Difference: 89 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

Abatement Total: ccf at \$ 3.47 \$ -

Highway Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



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MAY 05 2016

Commission
Raymond Hebert
Harold Sullivan
Rick Rothwell
Bill Skouteris
Andrew Provencher

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: * 151 LAKE AVE, LLC / Kim Florence
Address: 151-155 LAKE AVE 32 NORCROSS ST
(Street) (Unit)
Manchester NH 03103
(City) (State) (Zip)
Phone Number: 603-582-8513

Customer Account Number: 177177-65052

Address of Property for which Abatement is Requested:

151-155 LAKE AVE
(Street)
Manchester NH 03103
(City) (State) (Zip)

Billing Period: 12/24/15 - 3/23/16

Amount of Abatement Request: _____

Reason for Abatement Request: VERY HIGH BILL, UNKNOWN LEAKS,
LEAKS HAVE BEEN REPAIRED

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
____ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved

[Signature]
(Signature)

5/5/16
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 5/5/2016

Customer Name: Li Wei Lin

Account #: 168931-65950
Combined Billing

Property Address: 40-44 Massabesic St

Reason for
Request: toilet leak

Service Dates: 12/18/15-3/18/16

Bill Date: 4/27/2016

Consumption: 220 ccf % Increase
from Average: 328%

Average
Consumption: 67 ccf Based on: 8 quarter average

Difference: 153 ccf

Other Comments: _____

EPD
Recommendation: Abatement exceeds 250% threshold

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Abatement Total: 153 ccf at \$ 3.47 \$ 530.91

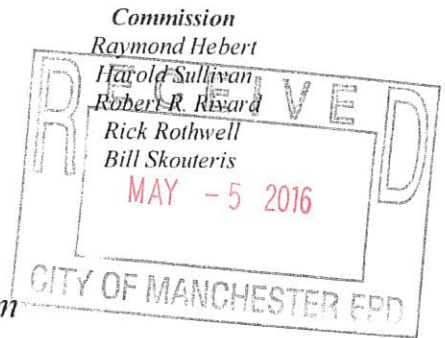
Highway
Recommendation: Grant

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Li Wei Lin

Address: 31 Massabesic St

Manchester (City) NH (State) 03103 (Unit)
(Zip)

Phone Number: 6178809168

Customer Account Number: 168931-65950

Address of Property for which Abatement is Requested:
40-44 Massabesic St

Manchester (City) NH (State) 03103 (Unit)
(Zip)

Billing Period: 12-18-15 to 3-18-16

Amount of Abatement Request: \$409.46

Reason for Abatement Request: Toilet Leak

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

5/3/2016
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 5/18/2016

Customer Name: Martel, Brian

Account #: 156361-66292
Combined Billing

Property Address: 318-322 Massabesic St

Reason for
Request: toilet leak

Service Dates: 12/18/15-3/18/16-6/20/16

Bill Date: 4/27/2016-7/16

Consumption: 280 ccf

% Increase
from Average: 176%

Average
Consumption: 159 ccf

Based on: 5 yr average

Difference: 121 ccf

Other Comments: _____

EPD
Recommendation: Abatement Does Not exceed 250% threshold

_____ *Jfm*

Abatement Total: ccf at \$ 3.47 \$ -

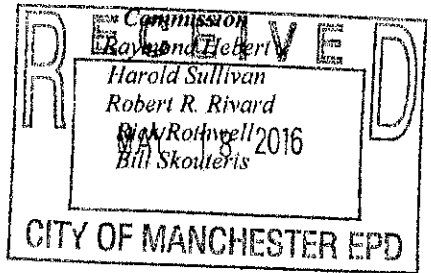
Highway
Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Brian R. Donna M Martel

Address: 222 Cranwell Dr
(Street)
Manchester (City) NH (State) 03109 (Unit)
(Zip)

Phone Number: 603-8257

Customer Account Number: 156361 - 66292

Address of Property for which Abatement is Requested:
318-322 Massabesic St
(Street)
Manchester (City) NH (State) 03103 (Unit)
(Zip)

Billing Period: 12.18.15 thru 3.18.16

Amount of Abatement Request: 270.66

Reason for Abatement Request: This is a 6 unit multi-family. Until we received our bill that just about double we were never notified of any issues in the building. We then investigated and found a running toilet. This toilet is located in a apartment which the tenant is hearing impaired. and could not hear the toilet run.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

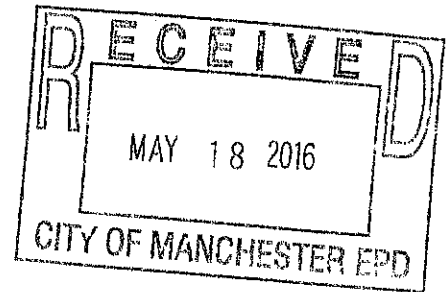
Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Donna Martel
(Signature)

5-17-16
(Date)

May 17, 2016

City of Manchester – EPD
300 Winston Street
Manchester NH 03103-6826



Attention Abatement Request

I am contacting you today in hopes of receiving an abatement.

On May 2, 2016 we received our combined water and sewer bill for the time period of 12/18/16 – 3/18/16 for 886.99 for the location of our rental property 318-322 Massabesic Street. It was clear to us by the bill we had a problem as our past bills would run us approximately 400.00 + or – per quarter. Unfortunate for us we were never notified by anyone in the water department that there was an excessive amount of water being used.

We immediately contacted our tenants to see if they were having any water issues as well as checked for any leaks in the basement. There were no leaks in the basement and all the tenants originally told us there were no issues. We proceeded to visit every tenant in the building to see for ourselves if there were leaks / running toilets and found one toilet that had been running. The reason the tenant was unaware her toilet was running is because she is hearing impaired and did not hear her toilet. I immediately changed the flapper and it has solved the problem.

We humbly ask to be granted an abatement for 270.66. We had no idea this was going on as there was no water in the basement and our tenant who is hearing impaired is unable to hear that particular sound. Our rental property is very well maintain and we are always there checking on it and was unaware of the situation until we received our doubled water and sewer bill.

Thank you for your time and consideration on this matter.

Brian and Donna Martel
222 Cranwell Dr
Manchester NH 03109
641-8257

✓

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 5/18/2016

Customer Name: Rogers, Jody

Account #: 14283-9304
Combined Billing

Property Address: 719 Summer St

Reason for
Request: toilet leak

Service Dates: 12/17/15-4/26/16

Bill Date: 4/27/2016

Consumption: 200 ccf % Increase
from Average: 645%

Average
Consumption: 31 ccf Based on: 5 yr average

Difference: 169 ccf

Other Comments: _____

EPD
Recommendation: Abatement exceeds 250% threshold

_____ *Tjm*

Abatement Total: 169 ccf at \$ 3.47 \$ 586.43

Highway
Recommendation: Grant

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

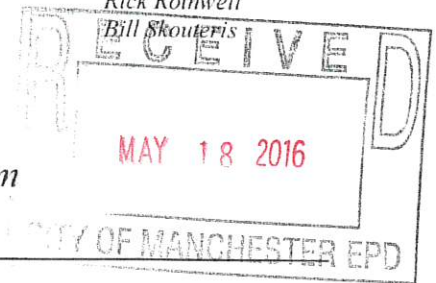
Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell

Bill Skouteris



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: JODY RODGERS

Address: 36 COUNTRY FARM RD
(Street)
STRATHAM NH (Unit)
(City) (State) 03885 (Zip)

Phone Number: 603-548-5597

Customer Account Number: 14283-9304

Address of Property for which Abatement is Requested:
719 Summer St.
(Street)
Manchester NH (Unit)
(City) (State) 03105 (Zip)

Billing Period: 12-17-15 thru 4-26-16

Amount of Abatement Request: \$ 635.01

Reason for Abatement Request: toilet running/leak

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes N/A No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Jody Rodgers
(Signature)

5-13-16
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 5/25/2016

Customer Name: Shafman, Howard

Account #: 177817-63822
Combined Billing

Property Address: 964 Second St

Reason for
Request: broken pipes

Service Dates: 1/12/16-4/12/16

Bill Date: 5/11/2016

Consumption: 368 ccf

% Increase
from Average: 1314%

Average
Consumption: 28 ccf

Based on: 5 yr average
limited history based on
prior owner

Difference: 340 ccf

Other Comments: _____

EPD
Recommendation: Abatement exceeds 250% threshold

_____ *Fjm*

Abatement Total: 340 ccf at \$ 3.47 \$ 1,179.80

Highway
Recommendation: Grant

Date: 8/8/16

5-25-16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: 964 Second St LLC (Anthony Dionne member.)

Address: 964 Second Street
(Street) Manchester NH 03102
(City) (State) (Zip)

Phone Number: 603 231 4670

Customer Account Number: 177817 03822

Address of Property for which Abatement is Requested:
964 Second Street
(Street) Manchester NH 03102
(City) (State) (Zip)

Billing Period: 1/12/16 4/12/16

Amount of Abatement Request: 1885.95

Reason for Abatement Request: Building Vacant, prior owner tenant failed to evict, broke pipes and Flooded Home.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

basement Flooded, carpet cabinets etc all damage.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

(Signature) member

5/25/2015
(Date)

✓
CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 5/27/2016

Customer Name: Shuping Lin

Account #: 172809-4872
Combined Billing

Property Address: 100 Laural St

Reason for Request: water pipe

Service Dates: 6/21/2016

Bill Date: 7/27/2016

Consumption: 119 ccf

% Increase from Average: 238%

Average Consumption: 50 ccf

Based on: prior year
limited history

Difference: 69 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

_____ *Jm*

Abatement Total: ccf at \$ 3.47 \$ -

Highway Recommendation: Deny

Date: 8/8/16

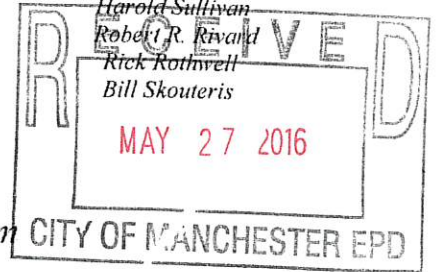
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: SHUPING LIN

Address: 87 YOUNG ST
(Street)

MANCHESTER NH 03103
(City) (State) (Zip)

Phone Number: (603) - 264 - 7433

Customer Account Number: 172809-4872 172809-4872

Address of Property for which Abatement is Requested:
100 LAUREL ST
(Street)

MANCHESTER NH 03103
(City) (State) (Zip)

Billing Period: 12/24/15 - 3/23/16

Amount of Abatement Request: \$ 347.00 plus late fee

Reason for Abatement Request: water pipe bursting

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Water pipe bursting, basement, dirt floor

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

5/4/2016
(Date)

**CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation**

Date Received: 5/31/2016

Customer Name: Raymond, Martha

Account #: 141577-21946
Combined Billing

Property Address: 219 Cilley Rd

Reason for
Request: toilet leak

Service Dates: 12/4/15-6/3/16

Bill Date: 1/13/16, 4/13/16, 7/13/16

Consumption: 132 ccf

% Increase
from Average: 528%


Average
Consumption: 25 ccf

Based on: 5 yr average

Difference: 107 ccf

Other Comments: _____

EPD
Recommendation: Abatement exceeds 250% threshold

_____ 

Abatement Total: 107 ccf at \$ 3.47 \$ 371.29

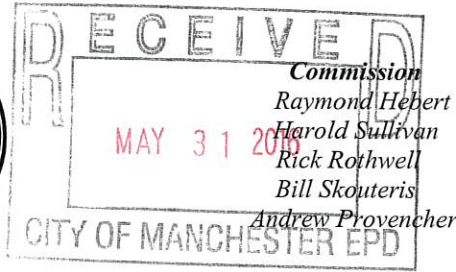
Highway
Recommendation: Grant

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Martha T. Raymond
Address: 219 Cilley Road
Manchester (Street) NH (Unit) 03103
(City) (State) (Zip)
Phone Number: H 603 626-6909 C 603 892-1801
Customer Account Number: 141577-21946

Address of Property for which Abatement is Requested:

219 Cilley Road
Manchester (Street) NH (Unit) 03103
(City) (State) (Zip)

Billing Period: A: 1-13-16 \$254.76 B: 4-13-16 \$344.54
Bill date Bill date

Amount of Abatement Request: A: 161.00 + B: 250.78 (Total = \$411.78)

Reason for Abatement Request: During the above stated Billing Periods
I had 2 leaking toilets that caused the spike in the meter
readings. When one looks back at prior to 9-3-2015 one
sees my usage is much more reasonable for the conservative water
over

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

N/A

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.
Yes No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Martha T. Raymond
(Signature)

5-26-16
(Date)

and sewer usage of my single family, single person home.
Please note I was not at home in February 2015 and ~~February 2016~~ ^{February 2016}.
Also, I am in Maine full time from May to October. (I
check Manchester about twice a month)

A representative of Manchester Water came to the house and
pointed out the running toilets. I have since repaired/ fixed
them. He said he would come back to read the meter after
I made this claim.

I'm appreciative of your consideration in making
an abatement to my account with Manchester's Water
and Sewer Bill. If I can help in any way, please call
me. (603) 892-1801 (preferred number). Thank you,

Martha Raymond

P.S. Regarding the 1-13-16 Bill - I was bereft in the loss
of my younger brother, his wife + their only son and merely paid all 13.27⁹¹
... without questioning such a vast difference.

**CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation**

Date Received: 6/6/2016

Customer Name: SMV Realty, Inc

Account #: 86371-64894
Combined Billing

Property Address: 1265-1277 Elm St.

Reason for
Request: Leak in wall

Service Dates: 2/17/15-8/10/15

Bill Date: 3/11/15, 6/10/19, 9/9/15

Consumption: 2982 ccf % Increase
from Average: 244%

Average
Consumption: 1,222 ccf Based on: 5 yr average

Difference: 1760 ccf

Other Comments: _____

EPD
Recommendation: Abatement does not exceed 250% threshold

Jgm

Abatement Total: _____ ccf at \$ 3.47 \$ _____ -

Highway
Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Mike Raptis (SMU Realty)

Address: 1265 Elm St
(Street) (Unit)

Manchester NH
(City) (State) (Zip)

Phone Number: 669 5559

Customer Account Number: 86371-64894

Address of Property for which Abatement is Requested:

1265 Elm St
(Street) (Unit)

Manchester NH 03101
(City) (State) (Zip)

Billing Period: Nov-2013 - 8-1-15

Amount of Abatement Request: 15,000.00

Reason for Abatement Request: undiscovered leak in wall
went into dirt Basement Floor couldn't find
any leaks, See Reverse

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Dirt Floor

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Mike Raptis
(Signature)

6/6/16
(Date)

Called water works to find out why Bill jumped so high they came out looked at meters told us nothing wrong, they said excess water was being used by tenants

Talked to water Dept to start Abakment but never received application for Abakment so went down in person,

when we called for Abakment application there was a miscommunication about process we called at least 3 times then went down in person.

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 6/8/2016

Customer Name: New Beech Hill Devel

Account #: 93669-68546
Combined Billing

Property Address: 30-118 Beech Hill Dr

Reason for
Request: outside water pipe burst

Service Dates: 7/14/15-4/11/16

Bill Date: 8/12/15, 1/11/15, 2/10/16,
5/11/16


Consumption: 1670 ccf % Increase
from Average: 193%

Average
Consumption: 867 ccf Based on: 5 yr average

Difference: 803 ccf

Other Comments: _____

EPD
Recommendation: Abatement does not exceed 250% threshold

_____ 

Abatement Total: ccf at \$ 3.47 \$ -

Highway
Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: The Village at Beech Hill

Address: 120 Beech Hill Ave
(Street) Manchester NH 03103
(City) (State) (Zip)

Phone Number: 603-668-3423

Customer Account Number: 93669-68546

Address of Property for which Abatement is Requested:
40 Beech Hill Drive
(Street) Manchester, NH 03103
(City) (State) (Zip)

Billing Period: 5/13/15 through 5/11/16

Amount of Abatement Request: \$1,214.50

Reason for Abatement Request: Leaking pipe was found beneath the slab at 40 Beech Hill Drive. Bills show sewer increase of 100 units per quarter.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Pipe was in the dirt underneath the concrete slab.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No N/A

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

6/7/2016
(Date)

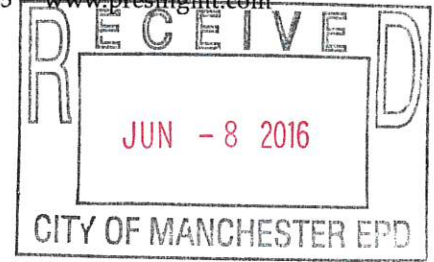


BEECH HILL PARK
120 Beech Hill Avenue Manchester, NH 03103

phone: 603•668•3423 TDD: 800•735•2964 fax: 603•623•0695 www.presmgmt.com

March 22, 2016

City of Manchester – EPD
300 Winston Street
Manchester, NH 03103-6826



Regarding: Abatement Request for 40 Beech Hill Drive

Dear Council of Aldermen,

I respectfully request that you review and approve the enclosed request for abatement of one of our water and sewer accounts, 93669-68546. The reason for this request, is that the structure we refer to as Building 15, which houses residents of ten townhomes with address from 30 Beech Hill Drive, through 118 Beech Hill Drive, had a pipe break underneath the structure. The break was found at 40 Beech Hill Drive, by a leak detection professional, and repaired by Trombly Plumbing & Heating.

Upon review of the bills for this account, which I have enclosed, you will see that this leak must have started between 1/13/15 and 4/15/15. Consumption for that building was a constant 330 units, prior to that time. That bill shows an increase of 30 units, and all of the bills after that date are a constant 420 units, with the exception of one quarter which showed a 10 unit decrease. As a result, I am requesting a return of the 90 unit difference from the actual cost of each quarter's bill, lowering this request to 80 units for the one quarter discrepancy.

I have also enclosed a picture of the broken pipe, and invoices from the leak detection company as well as from our plumber documenting the repair. I sincerely appreciate your time and consideration of this request! I can be reached at 603-668-3423 or 603-668-3583 if you have any questions, or require further information.

Sincerely,

Tamara M. Record
Property Manager



This Institution is an Equal Opportunity Provider and Employer



CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 6/16/2016

Customer Name: Hope Tabernacle

Account #: 5853-3794
Combined Billing

Property Address: 222 Cedar St

Reason for Request: toilet leak

Service Dates: 12/21/15-3/18/16

Bill Date: 4/27/2016

Consumption: 157 ccf % Increase from Average: 165%

Average Consumption: 95 ccf Based on: 5 yr average

Difference: 62 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

TFM

Abatement Total: ccf at \$ 3.47 \$ -

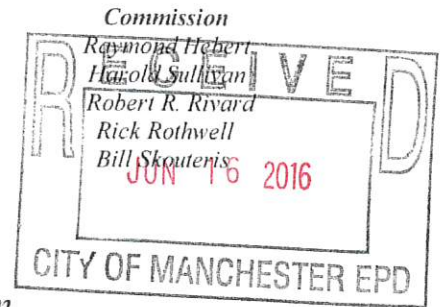
Highway Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Name: Juan Rivera

Address: 222 Cedar St.

Manchester (Street) NH (Unit) 03103
(City) (State) (Zip)

Phone Number: 603-624-4673

Customer Account Number: 5853-3794

Address of Property for which Abatement is Requested:

222 Cedar St.
Manchester (Street) NH (Unit) 03103
(City) (State) (Zip)

Billing Period: 12-21-15 - 3-18-16

Amount of Abatement Request: \$326.18

Reason for Abatement Request: It appears that there was a malfunctioning toilet in the basement level of brick building. We were unaware the toilet was running.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Juan Rivera
(Signature)

6/1/16
(Date)

**CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation**

Date Received: 6/20/2016

Customer Name: Hannemann, Craig

Account #: 36375-24864
Combined Billing

Property Address: 480 Spruce St

Reason for
Request: toilet leak

Service Dates: 12/18/15-3/18/16

Bill Date: 4/27/2016

Consumption: 48 ccf % Increase
from Average: 218%

Average
Consumption: 22 ccf Based on: 5 yr average

Difference: 26 ccf

Other Comments: _____

EPD
Recommendation: Abatement Does Not exceed 250% threshold

Tjm

Abatement Total: ccf at \$ 3.47 \$ -

Highway
Recommendation: Deny

Date: 8/8/16

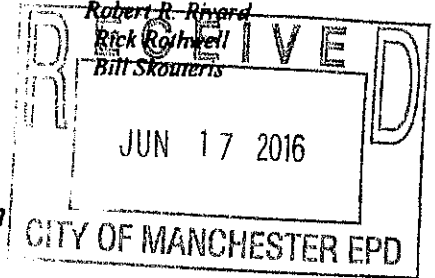
Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Roimwell
Bill Skourteris



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Craig Hannemann

Address: 480 Spruce ST

Manchester NH 03103

Phone Number: 603-624-2328

Customer Account Number: 36 375-24864

Address of Property for which Abatement is Requested: 480 Spruce ST

Manchester NH 03103

Billing Period: 12-18-15 - 3-18-16

Amount of Abatement Request: 69.40

Reason for Abatement Request: Toilet Leak

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☒ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

6-8-16
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 6/28/2016

Customer Name: Manchester West Real Estate

Account #: 127589-24402
Combined Billing

Property Address: 266 Blucher St

Reason for Request: toilet leak

Service Dates: 10/22-1/21-4/20,2016

Bill Date: 11/15,2/24-5/25/2016

Consumption: 297 ccf % Increase from Average: 190%

Average Consumption: 156 ccf Based on: 5 yr average

Difference: 141 ccf

Other Comments: _____

EPD Recommendation: Abatement does not exceed 250% threshold

Jm

Abatement Total: _____ ccf at \$ 3.47 \$ -

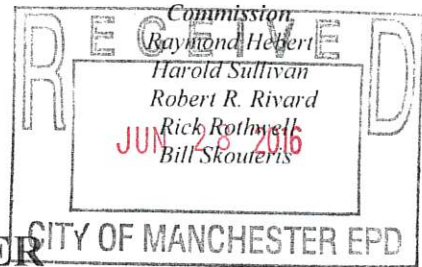
Highway Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Manchester West Real Estate, LLC - Diane & Alan Carpenter

Address: 8 Glenwood Rd
(Street) NH 03087
(City) (State) (Zip)

Phone Number: 603-548-0907

Customer Account Number: 127589-24402

Address of Property for which Abatement is Requested:
266 Blucher Street
(Street) NH 03102
(City) (State) (Zip)

Billing Period: 1-21-16 to 4-20-16

Amount of Abatement Request: \$628.07

Reason for Abatement Request: see attached

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

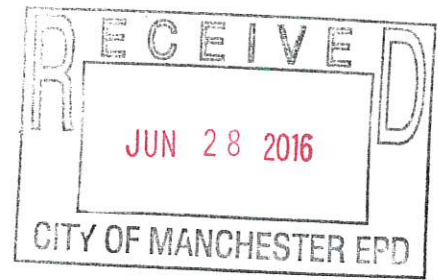
Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Diane Carpenter
(Signature)

6/26/16
(Date)

June 27, 2016

City of Manchester – EPD
300 Winston Street
Manchester, NH 03103-6826



Attention – Abatement Request

In accordance with the Sewer Fee Abatement Policy, enclosed is a Sewer Fee Abatement Request Form. My name is Diane Carpenter and I am writing as a Trustee of Manchester West Real Estate, LLC to request a sewer abatement at 266 Blucher Street, Manchester, NH 03102. My husband, Alan and I have owned this property since September, 2001.

On June 23rd I received a bill for service for 266 Blucher Street at the LLC's address, 8 Glenwood Road, Windham, NH 03087. Upon opening the bill, I called the department immediately as the amount due was \$960.75 verses a normal bill of \$280; you can imagine my shock. Patty was extremely helpful and suggested I have an inspector come out right away to examine the property.

On Friday, June 24th, I met Scott at 266 Blucher Street, both tenants were home, Scott did an inspection of the duplex and found a severe toilet leak in the second floor unit. The toilet has been running intermittently for an unknown period of time.

On Sunday, June 26th my husband, Alan replaced the toilet kit of the #2 unit; receipt of purchase is included in this packet.

The billing period for which the abatement is being requested is January 21, 2016 – April 20, 2016. The abatement amount requested is \$628.07.

Should you need any additional information please feel free to contact me directly either by phone (603-548-0907) or by email (dprc@comcast.net). In the meantime, I have spoken to Linda in the finance department and will pay \$332.68, which is the balance of the bill reflecting the water and the normal sewer usage.

Thank you in advance for your consideration of my request and I look forward to hearing from you soon.

Sincerely,

Diane Carpenter
Trustee
Manchester West Real Estate, LLC

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 6/29/2016

Customer Name: Fisher, Rose

Account #: 127729-25544
Combined Billing

Property Address: 47 Leewood St

Reason for
Request: toilet leak

Service Dates: 9/8/15-12/7/15-3/7/16-6/3/16

Bill Date: 12/7/15-4/13/16-7/13/16

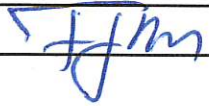
Consumption: 53 ccf % Increase
from Average: 294%

Average
Consumption: 18 ccf Based on: 5 yr average

Difference: 35 ccf

Other Comments: _____

EPD
Recommendation: Abatement exceeds 250% threshold

_____ 

Abatement Total: 35 ccf at \$ 3.47 \$ 121.45

Highway
Recommendation: Grant

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: (Claude) Rose Fisher (Claude is deceased)

Address: 47 Leeward St
(Street) Manchester (City) NH (State) 03103 (Unit) (Zip)

Phone Number: 603-232-3690

Customer Account Number: 127729-25541

Address of Property for which Abatement is Requested:
47 Leeward St
(Street) Manchester (City) NH (State) 03103 (Unit) (Zip)

Billing Period: 9/2015 to 3/7/2016

Amount of Abatement Request: ? Lisa Hynes seemed to know

Reason for Abatement Request: Leaking/running toilet
for months that went
undetected.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

X Rosa Fisher
(Signature)

6-26-2016
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 7/5/2016

Customer Name: Fernandez, Melissa

Account #: 144285-41018
Combined Billing

Property Address: 574 Wellington Hill Rd

Reason for
Request: Pipe burst

Service Dates: 2/12/16-5/12/16

Bill Date: 6/15/2016

Consumption: 39 ccf % Increase
from Average: 229%

Average
Consumption: 17 ccf Based on: 5 yr average

Difference: 22 ccf

Other Comments: _____

EPD
Recommendation: Abatement does not exceed 250% threshold

_____ *Jm*

Abatement Total: _____ ccf at \$ 3.47 \$ _____ -

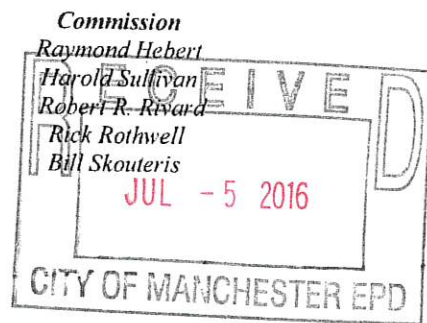
Highway
Recommendation: Deny

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: MELISSA P. FERNANDEZ

Address: 574 WELLINGTON HILL ROAD
(Street)
MANCHESTER (City) NH (State) 03104 (Unit)
(Zip)

Phone Number: 603 - 647 - 7129

Customer Account Number: 144285 - 41018

Address of Property for which Abatement is Requested:
574 WELLINGTON HILL ROAD
(Street)
MANCHESTER (City) NH (State) 03104 (Unit)
(Zip)

Billing Period: 2-12-16 to 5-12-16

Amount of Abatement Request: 121.45

Reason for Abatement Request: PIPE BURST

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

THE BASEMENT FLOOR IS CONCRETE

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Melissa P. Fernandez
(Signature)

June 30, 2016
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 7/11/2016

Customer Name: Monir Karimianha

Account #: 172531-2752
Combined Billing

Property Address: 105 Prospect St

Reason for Request: washing machine pump

Service Dates: 2/22/16-5/23/16

Bill Date: 6/29/2016

Consumption: 431 ccf

% Increase from Average: 484%

Average Consumption: 89 ccf

Based on: 5 yr average

Difference: 342 ccf

Other Comments: _____

EPD Recommendation: Abatement exceeds 250% threshold

_____ *Jm*

Abatement Total: 342 ccf at \$ 3.47 \$ 1,186.74

Highway Recommendation: Grant

Date: 8/8/16

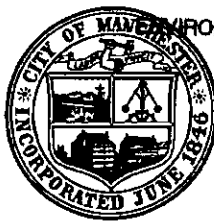
PAID

JUL 11 2016

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



ENVIRONMENTAL PROTECTION
DIVISION

Commission
Raymond Hebert
Harold Sullivan
Robert R. Rivard
Rick Rothwell
Bill Skouteris

CITY OF MANCHESTER
Sewer Fee Abatement Request Form

Reid Walkin
7-11-16

Name: MONIR KARIMIANHA

Address: 1227 UNION ST
(Street)

Manchester NH
(City) (State)

03104
(Unit)
(Zip)

Phone Number: 668-2273 cel 264-6979

Customer Account Number: 172531-2752

Address of Property for which Abatement is Requested:

105 PROSPECT ST
(Street)

Manchester NH
(City) (State)

03104
(Unit)
(Zip)

Billing Period: 2-22-16 5-23-16

Amount of Abatement Request: 1495.57

Reason for Abatement Request: WATER DIDNT GO THRU SEWER SYSTEM
WASH MACHINE HUB WAS BROKEN

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

WASH MACHINE WAS IN THE BASEMENT AND I HEARD
THE WATER IS RUNNING I WENT TO BASEMENT TH I KNOW
ITS THE BASEMENT WAS FLOODED.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

☐ Yes ☐ No

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

[Signature]
(Signature)

7.5.16
(Date)

CITY OF MANCHESTER
HIGHWAY DEPARTMENT
ENVIRONMENTAL PROTECTION DIVISION
Sewer Abatement Investigation and Recommendation

Date Received: 7/13/2016

Customer Name: Ruth Gilleran

Account #: 80109-60840
Combined Billing

Property Address: 74 Tory Rd

Reason for Request: pipe burst on second floor

Service Dates: 3/4/15-5/29/15

Bill Date: 6/24/2015

Consumption: 227 ccf

% Increase from Average: 7567%

Average Consumption: 3 ccf

Based on: 5 yr average

Difference: 224 ccf

Other Comments: _____

EPD Recommendation: Abatement exceeds 250% threshold

Jfm

Abatement Total: 224 ccf at \$ 3.47 \$ 777.28 -

Highway Recommendation: Grant

Date: 8/8/16

Kevin A. Sheppard, P.E.
Public Works Director

Timothy J. Clougherty
Deputy Public Works Director

Frederick J. McNeill, P.E.
Chief Engineer



Commission
Raymond Hebert
Harold Sullivan
Rick Rothwell
Bill Skouteris
Andrew Provencher

CITY OF MANCHESTER

Sewer Fee Abatement Request Form

Name: Ruth Gillen
Address: 26 Locust Lane
(Street) Needham (City) MA (State) 02492 (Zip)
Phone Number: 617-435-5385
Customer Account Number: 80109-60840

Address of Property for which Abatement is Requested:
74 Tony Road
(Street) Manchester (City) NH (State) 03104 (Zip)

Billing Period: 6/24/2015 - 7/24/2015

Amount of Abatement Request: \$1000.00

Reason for Abatement Request: Pipe burst on second floor in Cape Cod home causing much of first floor to be gutted.

If abatement request is due to an "extraordinary event" such as a hot water tank failure or a water pipe bursting, please state where the water accumulated (basement, outside, bathroom, etc.) and ultimately where it discharged. If it was in a basement, please indicate if the floor is dirt or concrete.

Please see my original letter dated October 15th as well as my subsequent letter dated July 13, 2016. Thank you.

If abatement request is due to a leaking irrigation system, state if a sewer deduct meter is in place.

Yes ☐ No ☒

Verification that applicant does not have any outstanding debts to the City of Manchester, all work is in compliance with codes/ordinances, and all necessary City permits have been obtained and approved.

Ruth Gillen
(Signature)

7/13/2016
(Date)

October 15, 2015

Manchester Water Works Department:

I am writing in regards to:

Property: 74 Tory Road, Manchester NH

Account: 80109-60840

Invoice dated: 6/24/2015 in the amount of \$1156.79.

On the evening of December 28, 2014, a pipe burst on the second floor. Water ran down into the kitchen and from there, into the basement. The first floor kitchen, bath, and hallway had to be gutted. In the basement, the hot water heater and the A/C unit had to be replaced. My insurance company, Amica, just settled the claim. The amount was over \$30,000. I'm happy to provide you with the detail if you like.

Both my parents died recently and I was planning on putting the house on the market this past spring. Because I live in MA, I had my next door neighbor regularly checking on the house. Luckily, the day the pipe burst, he noticed a light flickering in the breezeway and called me. On my way to NH, I phoned the fire department and asked them to turn off the water in the house.

When I went online at the end of July to pay the June bill, I noticed the large dollar amount and assumed it was a mistake. I phoned Manchester Water Works and the woman who answered the phone explained that with the winter snow, no one could get to the houses in March to do readings and so the March bill was an estimate. The June 24 bill contained the water usage from when the burst pipe.

Regards,

Ruth Gilleran

(617) 435-5385

July 13, 2016

Regarding Original Sewer Fee Abatement Request Form That Was Never Processed

On October 15, 2015, I postal mailed the attached letter to the 300 Winston Street address. About four months later, I phoned the Water Works (Not EPD) office to inquire about the status of my abatement request and I was told that it takes several months to process.

I am now selling the 74 Tory Road Manchester house and so I contacted the Water Works office to discuss my final bill. When I inquired once again about the abatement form I submitted on October 15th, I was told to contact the EPD department. I did so and spoke with JoAnn Petersen who was very helpful. She researched the issue and stated that she could not find a record of the abatement form I submitted in October. JoAnn emailed me a new form to complete and asked that I attached a copy of my earlier submission. Given what happened in October, I am both emailing the new request to JoAnn at jpetersen@manchesternh.gov AND I'm driving from my home in Needham MA to 300 Winston Street to hand deliver the paperwork.

I hope you will consider this request. The initial form I completed in October was mailed within 90 days of the invoice due date. Also, as you can see from the attached bill history, the June 24 charge was more than a \$1000 in excess of my normal bill.

Please let me know if you have any additional questions. I've attached an itemized list of the costs incurred as a result of the pipe bursting. This list was provided to me by Amica insurance and it was a compilation of the invoices I sent them. All the work was done by license contractors and everyone involved pulled a permit for the job. Those permits are on file in City Hall.

Warm regards,

Ruth Gilleran
26 Locust Lane
Needham, MA 02492
617-435-5385

Timothy M. Soucy, MPH, REHS
Public Health Director



Anna J. Thomas, MPH
Deputy Public Health Director

CITY OF MANCHESTER
Health Department

September 7, 2016

Alderman William Shea, Chairman
Committee on Community Improvement
One City Hall Plaza
Manchester, New Hampshire 03101

RE: Request for funding for Biohazard Remediation

Dear Chairman Shea and Members of the Committee,

After speaking with Chief Goonan and Chief Willard, we are requesting that a CIP account be established and \$10,000 from contingency be allocated to provide for contracted biohazard remediation in instances where blood from trauma or crime scenes is encountered in public areas of the City.

From a public health standpoint, blood borne pathogens such as HIV, Hepatitis B and C are a concern any time there is a potential exposure to blood. Having an OSHA compliant contractor available 24/7 will minimize any potential exposures to City staff cleaning these scenes and to the public once a scene has been released.

The intention would be to use a biohazard remediation contractor on an as needed (per incident) basis to assist with the clean-up of blood and bodily fluids from trauma or crime scenes in public areas of the City. Funding would not be used for private homes or businesses.

We appreciate your consideration of this request, and we will be available should the Committee have any questions.

Sincerely,

Timothy Soucy
Public Health Director

Nick Willard
Chief of Police

Daniel Goonan
Fire Chief

Daniel A. Goonan
Chief of Department



Richard P. McGahey
Assistant Chief

City of Manchester

Fire Department

September 9, 2016

Committee on Community Improvement
Alderman Shea, Chairman
c/o Matthew Normand, City Clerk
One City Hall Plaza
Manchester NH 03101

RE: Request to increase our fleet

Dear Chairman Shea and Honorable Members:

I am writing to request an increase to our fleet. We received a 2016 Ford Explorer to replace our 2006 Chevy Impala. I am requesting that we keep the Impala as a vehicle to be used by members of our Administrative, Information Technology and Emergency Management staff. These staff members are frequently required to travel to our 10 station locations and attend meetings throughout the City and State and we currently do not have a vehicle for that purpose.

We are respectfully requesting that you approve the increase to improve our flexibility and functionality. If you should have any questions, please feel free to contact me at any time.

Respectfully,

Daniel A. Goonan, Chief

Cc: Kevin O'Maley



MANCHESTER WATER WORKS

281 LINCOLN ST., MANCHESTER, NEW HAMPSHIRE 03103-5093 Tel. (603) 624-6494

BOARD OF WATER COMMISSIONERS

KIMBERLEY L. GRISWOLD
President

MATTHEW GREENWOOD
Clerk

PHILLIP SAPIENZA
CLIFF HURST
LINDA L. MICCIO
BILL TROMBLY JR.

Ex Officio
HON. THEODORE L. GATSAS
Mayor

PHILIP W. CROASDALE
Director

September 7, 2016

Chairman William P. Shea
Committee on Community Improvement
C/O City Clerk's Office
One City Hall Plaza
Manchester, NH 03101

Re: Request to amend CIP Budget Authorizations for Projects #712016, #712017 and #712317

Chairman Shea,

Manchester Water Works (MWW) has recently received notification from the NH Department of Environmental Services that MWW has been denied application to borrow funding from the State of NH Drinking Water State Revolving Loan Fund up to \$2.5M for relaying of existing main and cleaning and lining. I'm therefore requesting that the Committee to amend CIP Budget Authorizations for CIP Projects #712016, #712017 and #712317 and authorize MWW to borrow through a General Obligation Bond (GO Bond) of the City of Manchester \$2.5M to;

1. Partially fund Project #712016 (distribution system main relay) in the amount of \$455,000 through a GO Bond. The balance of \$1,568,000 of the total authorization of \$2.023M will be funded through the Enterprise.
2. Fully fund Project #712017 (cleaning and lining) in the amount of \$920,000 through a GO Bond.
3. Fully fund Project #712217 (distribution system main relay) in the amount of \$1,125,000 through a GO Bond.

The Board of Water Commissioners approved the SRF borrowing at their June 16, 2016 meeting as part of MWW's FY2017 Budget. The Board subsequently approved the funding to be changed to a GO Bond at their August 25, 2017 meeting.

I will be happy to appear before the Committee to answer any questions that may arise related to this request.

Sincerely,

Philip W. Croasdale
Director

Cc: Honorable Theodore L. Gatsas, Mayor
Mr. Williams Sanders, Finance Director

CIP BUDGET AUTHORIZATION

CIP#: 712016	Project Year: 2016	CIP Resolution: 6/9/2015	
Title: Distribution Main Relay and Cleaning and Lining		Amending Resolution: 9/20/2016	
Administering Department: Water Works		Revision: #1	

Project Description: Annual program to upgrade old and deficient areas of the distribution system normally in established commercial and residential areas where the water mains have reached their life expectancy. Also included in this program is the replacement of water mains that are deemed inadequate to meet fire protection needs. Also included is an annual program to reline old and deficient water mains in areas of the distribution system normally in established commercial and residential areas where the capacity has deteriorated and the main size is inadequate. Relining needed to insure quality of water and adequacy of citywide fire protection system.

Federal Grants	Federal Grant: No	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1.	Project Initiation	7/1/2015
2.	Project Completion	9/20/36
3.		
4.		
5.		
		9/20/2036

Line Item Budget

	ENTERPRISE	BOND		TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$1,568,000.00	\$455,000.00	\$0.00	\$2,023,000.00
TOTAL	\$1,568,000.00	\$455,000.00	\$0.00	\$2,023,000.00

Revisions: #1 - Decreases Enterprise funding by \$455,000 and adds Bond \$455,000.

Comments:

CIP BUDGET AUTHORIZATION

CIP#: 712017

Project Year: 2017

CIP Resolution: 5/17/2016

Title: Cleaning and Lining

Amending Resolution: 9/20/2016

Administering Department: Water Works

Revision: #1

Project Description:

Cleaning and cement mortar lining or relaying of 2" - 20" cast iron and ductile iron main throughout the distribution system along with all connections (i.e. fittings, valves, hydrants).

Federal Grants

Federal Grant: No

Environmental

Review Required: No

Grant Executed:

Completed:

Critical Events

1.	Project Initiation	7/1/2016
2.	Project Completion	9/20/36
3.		
4.		
5.		
		9/20/2036

Line Item Budget

	BOND			TOTAL
Salaries and Wage	\$250,000.00	\$0.00	\$0.00	\$250,000.00
Fringes	\$125,000.00	\$0.00	\$0.00	\$125,000.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$545,000.00	\$0.00	\$0.00	\$545,000.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$920,000.00	\$0.00	\$0.00	\$920,000.00

Revisions:

#1 - Replaces Enterprise funding with Bond funding.

Comments:

CIP BUDGET AUTHORIZATION

CIP#: 712317	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: Main Relay		Amending Resolution: 9/20/2016	
Administering Department: Water Works		Revision: #1	

Project Description: Main relay to distribution system.

Federal Grants	Federal Grant: No	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1.	Project Initiation	7/1/2016
2.	Project Completion	9/20/36
3.		
4.		
5.		
		9/20/2036

Line Item Budget

	BOND			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$1,125,000.00	\$0.00	\$0.00	\$1,125,000.00
TOTAL	\$1,125,000.00	\$0.00	\$0.00	\$1,125,000.00

Revisions: #1 - Replaces Enterprise and Other funding with Bond funding

Comments:

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Authorizing Bonds, Notes or Lease Purchases in the amount of Four Hundred Fifty Five Thousand Dollars (\$455,000) for the 2016 CIP 712016 Distribution Main Relay and Cleaning and Lining.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

SECTION 1. That there be and hereby is authorized under and pursuant to the Municipal Finance Act, and any other enabling authority, the issuance and sale of general obligation serial bonds, notes or lease purchases of the City in the aggregate principal amount of Four Hundred Fifty Five Thousand Dollars (\$455,000) at one time or from time to time as one or more separate bond, note or lease purchase issues for purposes stated in Section 3 of said Act, as more specifically hereinafter indicated. The bonds, notes or lease purchases of each issue shall bear the City Seal, shall be signed by the manual or facsimile signature of the Mayor, countersigned by the manual or facsimile signature of the Finance Officer and shall be payable in such annual installments as shall be determined by the Finance Officer with the approval of the Mayor. Except as otherwise provided by law and this Resolution, discretion to fix the date, maturities, denomination, place of payment, form and other details of each issue of said bonds, notes or lease purchases and of providing for the sale thereof is hereby delegated to the Finance Officer.

SECTION 2. That the proceeds of said bonds, notes or lease purchases be and they are hereby appropriated for the purpose of financing costs of the following public works and improvements of a permanent nature, hereby authorized namely,

<u>Purpose</u>	<u>Amount</u>
2016 CIP 712016 – Distribution Main Relay and Cleaning and Lining	\$455,000

It is hereby declared that the infrastructure improvements to be financed by said bonds, notes or lease purchases have a useful life in excess of 20 years.

SECTION 3. That the Finance Officer, with the approval of the Mayor, is hereby authorized to issue at one time or from time to time notes in anticipation of said bonds, notes or lease purchases and to renew or refund the same under and pursuant to and to the extent authorized by RSA 33:7a.

SECTION 4. That an amount sufficient to pay the principal of and interest on said bonds, notes or lease purchases payable in each year during which they are outstanding be and hereby is appropriated and, to the extent other funds are not available for such purpose, said amount shall be included in the tax levy for each year until the debt represented by said bonds, notes or lease purchases is extinguished.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Authorizing Bonds, Notes or Lease Purchases in the amount of Four Hundred Fifty Five Thousand Dollars (\$455,000) for the 2016 CIP 712016 Distribution Main Relay and Cleaning and Lining.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

SECTION 5. That the bonds, notes or lease purchases herein authorized may be consolidated with any other issue of bonds, notes or lease purchases heretofore or hereafter authorized, provided that the last annual installment of any such consolidated issue shall be payable not later than the date on which the last annual installment of the bonds, notes or lease purchases herein authorized must be payable pursuant to this Resolution.

SECTION 6. This Resolution shall take effect upon its passage.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Authorizing Bonds, Notes or Lease Purchases in the amount of Nine Hundred Twenty Thousand Dollars (\$920,000) for the 2017 CIP 712017 Cleaning and Lining.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

SECTION 1. That there be and hereby is authorized under and pursuant to the Municipal Finance Act, and any other enabling authority, the issuance and sale of general obligation serial bonds, notes or lease purchases of the City in the aggregate principal amount of Nine Hundred Twenty Thousand Dollars (\$920,000) at one time or from time to time as one or more separate bond, note or lease purchase issues for purposes stated in Section 3 of said Act, as more specifically hereinafter indicated. The bonds, notes or lease purchases of each issue shall bear the City Seal, shall be signed by the manual or facsimile signature of the Mayor, countersigned by the manual or facsimile signature of the Finance Officer and shall be payable in such annual installments as shall be determined by the Finance Officer with the approval of the Mayor. Except as otherwise provided by law and this Resolution, discretion to fix the date, maturities, denomination, place of payment, form and other details of each issue of said bonds, notes or lease purchases and of providing for the sale thereof is hereby delegated to the Finance Officer.

SECTION 2. That the proceeds of said bonds, notes or lease purchases be and they are hereby appropriated for the purpose of financing costs of the following public works and improvements of a permanent nature, hereby authorized namely,

<u>Purpose</u>	<u>Amount</u>
2016 CIP 712017 – Cleaning and Lining	\$920,000

It is hereby declared that the infrastructure improvements to be financed by said bonds, notes or lease purchases have a useful life in excess of 20 years.

SECTION 3. That the Finance Officer, with the approval of the Mayor, is hereby authorized to issue at one time or from time to time notes in anticipation of said bonds, notes or lease purchases and to renew or refund the same under and pursuant to and to the extent authorized by RSA 33:7a.

SECTION 4. That an amount sufficient to pay the principal of and interest on said bonds, notes or lease purchases payable in each year during which they are outstanding be and hereby is appropriated and, to the extent other funds are not available for such purpose, said amount shall be included in the tax levy for each year until the debt represented by said bonds, notes or lease purchases is extinguished.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

"Authorizing Bonds, Notes or Lease Purchases in the amount of Nine Hundred Twenty Thousand Dollars (\$920,000) for the 2017 CIP 712017 Cleaning and Lining."

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

SECTION 5. That the bonds, notes or lease purchases herein authorized may be consolidated with any other issue of bonds, notes or lease purchases heretofore or hereafter authorized, provided that the last annual installment of any such consolidated issue shall be payable not later than the date on which the last annual installment of the bonds, notes or lease purchases herein authorized must be payable pursuant to this Resolution.

SECTION 6. This Resolution shall take effect upon its passage.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Authorizing Bonds, Notes or Lease Purchases in the amount of One Million One Hundred Twenty Five Thousand Dollars (\$1,125,000) for the 2017 CIP 712317 Main Relay.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

SECTION 1. That there be and hereby is authorized under and pursuant to the Municipal Finance Act, and any other enabling authority, the issuance and sale of general obligation serial bonds, notes or lease purchases of the City in the aggregate principal amount of One Million One Hundred Twenty Five Thousand Dollars (\$1,125,000) at one time or from time to time as one or more separate bond, note or lease purchase issues for purposes stated in Section 3 of said Act, as more specifically hereinafter indicated. The bonds, notes or lease purchases of each issue shall bear the City Seal, shall be signed by the manual or facsimile signature of the Mayor, countersigned by the manual or facsimile signature of the Finance Officer and shall be payable in such annual installments as shall be determined by the Finance Officer with the approval of the Mayor. Except as otherwise provided by law and this Resolution, discretion to fix the date, maturities, denomination, place of payment, form and other details of each issue of said bonds, notes or lease purchases and of providing for the sale thereof is hereby delegated to the Finance Officer.

SECTION 2. That the proceeds of said bonds, notes or lease purchases be and they are hereby appropriated for the purpose of financing costs of the following public works and improvements of a permanent nature, hereby authorized namely,

<u>Purpose</u>	<u>Amount</u>
2016 CIP 712317 -- Main Relay	\$1,125,000

It is hereby declared that the infrastructure improvements to be financed by said bonds, notes or lease purchases have a useful life in excess of 20 years.

SECTION 3. That the Finance Officer, with the approval of the Mayor, is hereby authorized to issue at one time or from time to time notes in anticipation of said bonds, notes or lease purchases and to renew or refund the same under and pursuant to and to the extent authorized by RSA 33:7a.

SECTION 4. That an amount sufficient to pay the principal of and interest on said bonds, notes or lease purchases payable in each year during which they are outstanding be and hereby is appropriated and, to the extent other funds are not available for such purpose, said amount shall be included in the tax levy for each year until the debt represented by said bonds, notes or lease purchases is extinguished.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Authorizing Bonds, Notes or Lease Purchases in the amount of One Million One Hundred Twenty Five Thousand Dollars (\$1,125,000) for the 2017 CIP 712317 Main Relay.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

SECTION 5. That the bonds, notes or lease purchases herein authorized may be consolidated with any other issue of bonds, notes or lease purchases heretofore or hereafter authorized, provided that the last annual installment of any such consolidated issue shall be payable not later than the date on which the last annual installment of the bonds, notes or lease purchases herein authorized must be payable pursuant to this Resolution.

SECTION 6. This Resolution shall take effect upon its passage.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2016 and 2017 Community Improvement Programs, authorizing and appropriating funds in the amount of Two Million Five Hundred Thousand Dollars (\$2,500,000) for various Water Works Department FY 2016 and 2017 CIP Projects.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2016 and 2017 CIPs as contained in the 2016 and 2017 CIP budgets; and

WHEREAS, the 2016 and 2017 CIPs contain all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to replace the Enterprise and SRF Loan funding with Bond funding for improvements to Manchester's water system;

NOW, THEREFORE, be it resolved that the 2016 and 2017 CIPs be amended as follows:

By decreasing:

FY 2016 CIP 712016– Distribution Main Relay and Cleaning and Lining - \$455,000 Enterprise
FY 2017 CIP 712017 – Cleaning and Lining - \$920,000 Enterprise
FY 2017 CIP 712317 – Main Relay - \$375,000 Enterprise, \$750,000 Other

By adding:

FY 2016 CIP 712016– Distribution Main Relay and Cleaning and Lining - \$455,000 Bond
FY 2017 CIP 712017 – Cleaning and Lining - \$920,000 Bond
FY 2017 CIP 712317 – Main Relay - \$1,125,000 Bond

Resolved, that this Resolution shall take effect upon its passage.



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment


Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP 
Director, Planning and Community Development

Date: September 9, 2016

Re: Health Department - CIP #210716 – Homeless Healthcare

New Funding

The Health Department has notified us that the City has received new funding from the United States Department of Health and Human Services Health Resources and Services Administration totaling \$58,631 to provide continuing support to the Healthcare for the Homeless Program/Mobile Community Health Team Project.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program continuation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

Attachments:

CIP BUDGET AUTHORIZATION

CIP#: 210716	Project Year: 2016	CIP Resolution: 6/9/2015	
Title: Homeless Healthcare		Amending Resolution: 9/20/2016	
Administering Department: Health Department		Revision: #2	

Project Description: The Health Care for the Homeless Program/Mobile Community Health Team Project is a "clinic without walls" which provides onsite primary medical care, nursing case management, addiction counseling and health education to individuals and families who are homeless, at shelters and transitional housing programs in Manchester. The clinical team consists of one physician, two nurse practitioners, two nurses, one addiction counselor and a program assistant. The clinic is in session every weekday morning at New Horizons shelter and every Tuesday and Thursdays at Families In Transition.

Federal Grants	Federal Grant: Yes	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1.	Project Initiation	7/1/2015
2.	Project Completion	2/29/2017
3.		
4.		
5.		
		2/29/2017

Line Item Budget

	FEDERAL			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$1,217,299.00	\$0.00	\$0.00	\$1,217,299.00
TOTAL	\$1,217,299.00	\$0.00	\$0.00	\$1,217,299.00

Revisions: #1 - Budget increased from \$672,442 to \$1,158,668 due to the receipt of additional funding. Completion date extended from 2/29/2016 to 10/31/2016. #2 - Budget increased from \$1,158,668 to \$1,217,299 due to the receipt of additional funding. Completion date extended from 10/31/2016 to 2/29/2017.

Comments: Funds received from the United States Department of Health and Human Services Health Resources and Services Administration. Funds paid to Catholic Medical Center for Homeless Healthcare Services in Manchester. Grant initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and^{Sixteen}

A RESOLUTION

“Amending the FY 2016 Community Improvement Program, authorizing and appropriating funds in the amount of Fifty Eight Thousand Six Hundred Thirty One Dollars (\$58,631) for the FY2016 CIP 210716 Homeless Healthcare.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2016 CIP as contained in the 2016 CIP budget; and

WHEREAS, the 2016 CIP contains all sources of funds to be used in the execution of projects; and


WHEREAS, the Board of Mayor and Aldermen wishes to accept additional grant funds from the United States Department of Health and Human Services Health Resource and Services Administration to provide continuing funding for healthcare services for Manchester’s homeless.

NOW, THEREFORE, be it resolved that the 2016 CIP be amended as follows:

By increasing:

FY2016 CIP 210716 – Homeless Healthcare - \$58,631 Federal
(from \$1,158,668 Federal to \$1,217,299 Federal)

Resolved, that this Resolution shall take effect upon its passage.

1. DATE ISSUED: 08/15/2016		2. PROGRAM CFDA: 93.224		 <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title III, Section 330 Public Health Service Act, Section 330, 42 U.S.C. 254b Affordable Care Act, Section 10503 Public Health Service Act, Section 330, 42 U.S.C. 254, as amended. Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended Public Health Service Act, Section 330(e), 42 U.S.C. 254b Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148) Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b) Public Health Service Act, Section 330, as amended (42 U.S.C. 254b) Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)</p>																																																												
3. SUPERSEDES AWARD NOTICE dated: 05/24/2016 <small>except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.</small>																																																																
4a. AWARD NO.: 6 H80CS00002-15-04		4b. GRANT NO.: H80CS00002				5. FORMER GRANT NO.: H66CS00328																																																										
6. PROJECT PERIOD: FROM: 11/01/2001 THROUGH: 02/28/2019																																																																
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017																																																																
8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER																																																																
9. GRANTEE NAME AND ADDRESS: City of Manchester New Hampshire 1528 Elm St Manchester, NH 03101-1350 DUNS NUMBER: 790913636 BHCMS # 010130				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Timothy M Soucy City of Manchester New Hampshire 1528 Elm St Manchester, NH 03101-1356																																																												
11. APPROVED BUDGET: (Excludes Direct Assistance) <input type="checkbox"/> Grant Funds Only <input checked="" type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																												
<table style="width: 100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$12,494.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$11,651.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$85,231.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$1,397,285.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$1,506,661.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$1,506,661.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td style="text-align: right;">\$289,362.00</td></tr> <tr><td> ii. Federal Share:</td><td style="text-align: right;">\$1,217,299.00</td></tr> </table>				a. Salaries and Wages :	\$0.00	b. Fringe Benefits :	\$0.00	c. Total Personnel Costs :	\$0.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$12,494.00	g. Travel :	\$11,651.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$85,231.00	j. Consortium/Contractual Costs :	\$1,397,285.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$1,506,661.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$1,506,661.00	i. Less Non-Federal Share:	\$289,362.00	ii. Federal Share:	\$1,217,299.00	<table style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Authorized Financial Assistance This Period</td><td style="text-align: right;">\$1,217,299.00</td></tr> <tr><td colspan="3">b. Less Unobligated Balance from Prior Budget Periods</td></tr> <tr><td colspan="2"> i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td colspan="2"> ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td colspan="2">c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td colspan="2">d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$1,158,668.00</td></tr> <tr><td colspan="2">e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;">\$58,631.00</td></tr> </table>		a. Authorized Financial Assistance This Period		\$1,217,299.00	b. Less Unobligated Balance from Prior Budget Periods			i. Additional Authority		\$0.00	ii. Offset		\$0.00	c. Unawarded Balance of Current Year's Funds		\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period		\$1,158,668.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION		\$58,631.00
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13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																																
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th style="width: 80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td>16</td> <td>\$1,280,888.00</td> </tr> <tr> <td>17</td> <td>\$1,280,888.00</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	16	\$1,280,888.00	17	\$1,280,888.00																																																					
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14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)																																																																
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15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [D] Estimated Program Income: \$289,362.00																																																																
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is																																																																

acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X]Yes []No)

Electronically signed by Elvera Messina , Grants Management Officer on : 08/15/2016

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1026000517A4 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 398879F	93.527	16H80CS00002	\$58,631.00	\$0.00	HCH	HealthCareCenters_16

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

- Funds may not be used for fundraising, lobbying, incentives (gift cards, food), construction/renovation, facility or land purchases, or vehicle purchases. Pursuant to existing law and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered). This is consistent with past practice and long-standing requirements applicable to grant awards to health centers. In addition, this supplemental funding may not be used: to supplant existing resources; to support bonuses or other staff incentives; for moveable equipment individually valued at \$5,000 or greater (except equipment related to Health Information Technology and certified Electronic Health Record systems).
- Health centers will be required to provide information on the QI activities supported through this one-time supplement via their FY 2017 Service Area Competition (SAC) application or FY 2017 Budget Period Renewal (BPR) progress report. More information will be provided as part of the SAC and BPR instructions.
- The purposes of the Fiscal Year (FY) 2016 Health Center Quality Improvement (QI) Fund one-time grant supplement are to: (1) recognize health centers that displayed high levels of quality performance in Calendar Year 2015 Uniform Data System reporting and/or significantly improved quality of care from 2014 to 2015; (2) provide support for those health centers to continue to strengthen quality improvement activities; and (3) to recognize and provide support for health centers with one or more sites with new and/or continued patient centered medical home recognition.
- This award provides one-time funding for use during the period of September 1, 2016, through August 31, 2017. If funds are not fully expended by the end of your current budget period, you must request carryover to use the remaining funds in your next budget period. In order to use this funding in the upcoming budget period, the appropriate amount must be shown as un-obligated (UOB) on line 10.h of the Annual Federal Financial Report (FFR), SF-425. In addition, a Prior Approval Request to carry over these funds must be submitted through EHB immediately following the FFR submission. Please consult the Grants Management Specialist for questions regarding submission of the FFR and/or Prior Approval Requests to carry over UOB funds.
- This supplement must be used within 12 months of receipt of funds to support QI activities. Funds must be used consistent with all federal cost principles as noted in 45 CFR 75. In addition, health centers must use these funds for QI activities, which include but are not limited to:
 - Developing and improving health center QI systems and infrastructure, including training staff; developing policies and procedures; enhancing health information technology, certified electronic health record, and data systems; data analysis; and/or implementing targeted QI activities (including hiring consultants).
 - Developing and improving care delivery systems, including purchasing supplies to support care coordination, case management, and medication management; developing and implementing contracts and formal agreements with other providers; laboratory reporting and tracking; training and workflow redesign to support team-based care; clinical integration of behavioral health, oral health, HIV care, and other services; and/or patient engagement activities.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Marianne J Savarese	Authorizing Official, Authorizing Official	msavarese@cmc-nh.org
Gabriela M Walder	Business Official	gwalder@manchesternh.gov

Timothy M Soucy	Program Director	tsoucy@manchesternh.gov
Marianne Savarese	Point of Contact	msavarese@cmc-nh.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Andrew Westrum at:

MailStop Code: 15C-04

BPHC

5600 Fishers Lane

Rockville, MD, 20857-

Email: awestrum@hrsa.gov

Phone: (301) 443-0418

Fax: (301) 594-0089

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Vincent Mani at:

MailStop Code: 10SWH03

HRSA/OFAM/DGMO/HCB

5600 Fishers Lane

Rockville, MD, 20857-

Email: vmani@hrsa.gov

Phone: (301) 945-0900



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

Date: September 9, 2016

Re: Health Department - CIP #212015 –DHHS Healthy Homes for Healthy Kids & Families Project

New Funding

The Health Department has notified us that the City has received new funding from the State of New Hampshire Department of Health and Human Services totaling \$269,633 to continue supporting the Health Department's implementation of healthy homes programming for families with children.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

Attachments:

CIP BUDGET AUTHORIZATION

CIP#: 212015

Project Year: 2015

CIP Resolution: 6/10/2014

Title: DHHS Healthy Homes for Healthy Kids & Families

Amending Resolution: 9/20/2016

Administering Department: Health Department

Revision: #1

Project Description:

To strengthen linkages among the school, home & medical environments to systematically address barriers in accessing preventive health services & ensure a healthy start for all children & their families. Major strategies include the continued implementation of the Manchester Community Schools Project; establishment of a formal system for community care coordination through a Community Health Worker Model in the school setting; increased health education and physical activity/nutrition programming to support healthy decision-making; and proactive healthy homes visits for expectant mothers.

Federal Grants

Federal Grant: No

Grant Executed:

Environmental

Review Required: No

Completed:

Critical Events

1	Program Initiation	9/15/2014
2	Program Completion	8/31/2017
3		
4		
5		
		8/31/2017

Line Item Budget

	FEDERAL			TOTAL
Salaries and Wages	\$392,052.00	\$0.00	\$0.00	\$392,052.00
Fringes	\$199,768.00	\$0.00	\$0.00	\$199,768.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$431,290.00	\$0.00	\$0.00	\$431,290.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$33,810.00	\$0.00	\$0.00	\$33,810.00
TOTAL	\$1,056,920.00	\$0.00	\$0.00	\$1,056,920.00

Revisions

#1 - Budget increased from \$787,287 to \$1,056,920 due to the receipt of additional funding.

Comments:

Funds received from the State of New Hampshire Department of Health and Human Services. Grant initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2015 Community Improvement Program, authorizing and appropriating funds in the amount of Two Hundred Sixty Nine Thousand Six Hundred Thirty Three Dollars (\$269,633) for the FY 2015 CIP 212015 DHHS Healthy Homes for Healthy Kids & Families Project.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2015 CIP as contained in the 2015 CIP budget; and

WHEREAS, the 2015 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$787,287 from the State of New Hampshire Department of Health and Human Services to support the Health Department’s implementation of healthy homes programming for families with children;

NOW, THEREFORE, be it resolved that the 2015 CIP be amended as follows:

By increasing:

FY 2015 CIP 212015 DHHS Healthy Homes for Healthy Kids & Families Project – \$269,633
State (from \$787,287 State to \$1,056,920 State)

Resolved, that this Resolution shall take effect upon its passage.

1. DATE ISSUED MM/DD/YYYY 08/10/2016	2. CFDA NO. 93.311	3. ASSISTANCE TYPE Project Grant
1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 5 PAWOS000022-02-00 Formerly		5. ACTION TYPE Non-Competing Continuation
6. PROJECT PERIOD MM/DD/YYYY From 09/15/2014 Through 08/31/2017		
7. BUDGET PERIOD MM/DD/YYYY From 09/01/2016 Through 08/31/2017		
8. TITLE OF PROJECT (OR PROGRAM) Healthy Homes for Healthy Kids and Families		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
OASH Office of Grants Management
1101 Wootton Parkway
Suite 550
Rockville, MD 20852

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
Section 1703(a) of the Public Health Service Act, as amended (42 U.S.C. § 300u-2(a))

9a. GRANTEE NAME AND ADDRESS
City of Manchester New Hampshire
1528 Elm St Ste 1
Manchester, NH 03101-1356

9b. GRANTEE PROJECT DIRECTOR
Jaime Hoebeke
1528 Elm St
City of Manchester Health Department
Manchester, NH 03101-1356
Phone: 6036286003x355

10a. GRANTEE AUTHORIZING OFFICIAL
Mr. Timothy M. Soucy
1528 ELM ST STE 1
MANCHESTER, NH 03101-1356
Phone: 603-624-6466

10b. FEDERAL PROJECT OFFICER
Ms. Makeda Harris
1101 Wootton Pkwy Ste 600
Rockville, MD 20852-1081
Phone: 240-453-8444

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	132,587.00
b. Fringe Benefits	43,593.00
c. Total Personnel Costs	176,180.00
d. Equipment	0.00
e. Supplies	4,801.00
f. Travel	0.00
g. Construction	0.00
h. Other	11,600.00
i. Contractual	77,052.00
j. TOTAL DIRECT COSTS	269,633.00
k. INDIRECT COSTS	0.00
l. TOTAL APPROVED BUDGET	269,633.00
m. Federal Share	269,633.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION			
a. Amount of Federal Financial Assistance (from item 11m)			269,633.00
b. Less Unobligated Balance From Prior Budget Periods			0.00
c. Less Cumulative Prior Award(s) This Budget Period			0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION			269,633.00
13. Total Federal Funds Awarded to Date for Project Period			1,056,920.00
14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	
15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:			
a. DEDUCTION			
b. ADDITIONAL COSTS			
c. MATCHING			
d. OTHER RESEARCH (Add / Deduct Option)			
e. OTHER (See REMARKS)			
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:			
a. The grant program legislation			
b. The grant program regulations			
c. This award notice including terms and conditions, if any, noted below under REMARKS.			
d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.			
In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached -

☒ Yes

☐ No

GRANTS MANAGEMENT OFFICIAL: Alice M Bettencourt, Grants Management Officer

17. OBJ CLASS 41.51	18a. VENDOR CODE 1026000517A4	18b. EIN 026000517	19. DUNS 790913636	20. CONG. DIST. 01
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-1990123	b. 14PAWOS0022A	c. PAW01	d. \$269,633.00	e. 75-16-0120
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

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Federal Financial Report Cycle			
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date
09/15/2014	09/30/2014	Annual	12/29/2014
10/01/2014	12/31/2014	Quarterly	01/30/2015
01/01/2015	03/31/2015	Quarterly	04/30/2015
04/01/2015	06/30/2015	Quarterly	07/30/2015
07/01/2015	09/30/2015	Annual	12/29/2015
10/01/2015	12/31/2015	Quarterly	01/30/2016
01/01/2016	03/31/2016	Quarterly	04/30/2016
01/01/2016	03/31/2016	Quarterly	04/30/2016
04/01/2016	06/30/2016	Quarterly	07/30/2016
07/01/2016	09/30/2016	Annual	12/29/2016
10/01/2016	12/31/2016	Quarterly	01/30/2017
01/01/2017	03/31/2017	Quarterly	04/30/2017
04/01/2017	06/30/2017	Quarterly	07/30/2017
07/01/2017	08/31/2017	Final	11/29/2017

STANDARD TERMS

1. You must comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. By drawing or otherwise obtaining funds for the award from the grant payment system or office, you accept the terms and conditions of the award and agree to perform in accordance with the requirements of the award.

The HHS Grants Policy Statement is available at:

<http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS awards are at 45 CFR Part 75 effective December 26, 2014.

2. All amendment requests requiring prior approval from the awarding office (See Part II, HHS Grants Policy Statement (GPS), any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75) must be signed by an authorized official and submitted through the GrantSolutions Amendment Module. Only responses signed by the GMO are to be considered valid. If you take action on the basis of responses from other officials, you do so at your own risk. Such responses will not be considered binding by or upon any OASH Program Office.
3. All correspondence should be uploaded to Grant Notes within the GrantSolutions system. Include the Federal grant number and signature of the authorized business official and/or the project director.
4. The *Consolidated Appropriations Act, 2016* (Public Law 114-113) limits the use of federal funds from the HHS Office of the Assistant Secretary for Health (OASH) on all grant or cooperative agreements henceforth including the current budget period.

(1) Salary Limitation

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"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

Effective January 10, 2016, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is **\$185,100**. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(2) Anti-Lobbying

" (a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111- 148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

5. You must obtain prior approval from the Grants Management Officer (GMO) for certain changes to the Project Director, including replacement, absence for more than 3 months, or reduction in the level of participation by 25 percent or more. The GMO must be notified 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval of any replacement.

6. **Trafficking in Persons**

This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104)

a. Provisions applicable to a recipient that is a private entity.

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not-

i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;

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ii. Procure a commercial sex act during the period of time that the award is in effect; or

iii. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or

ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either-

A. Associated with performance under this award; or

B. Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376.

b. Provision applicable to a recipient other than a private entity.

We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either-

i. Associated with performance under this award; or

ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376

c. Provisions applicable to any recipient.

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term

2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and

ii. Is in addition to all other remedies for noncompliance that are available to us under this award.

3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

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d. Definitions. For purposes of this award term:

1. "Employee" means either:

i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or

ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

3. "Private entity":

i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

ii. Includes:

A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).

B. A for-profit organization.

4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

7. Reporting Subawards and Executive Compensation

a. Reporting of first-tier subawards.

1. **Applicability.** Unless you are exempt as provided in paragraph d. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph e. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph a.1. of this award term to the Federal Funding Accountability and Transparency Act Subaward Reporting System (FFRS).

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010.)

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fhrs.gov> specify.

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b. Reporting Total Compensation of Recipient Executives.

1. *Applicability and what to report.* You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

- i. the total Federal funding authorized to date under this award is \$25,000 or more;
- ii. in the preceding fiscal year, you received—

A. 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

2. Where and when to report. You must report executive total compensation described in paragraph b.1. of this award term:

- i. As part of your registration profile at the Central Contractor Registry. (**NOTE: CCR has transitioned into the System for Award Management (SAM), as of 7/30/12**)
- ii. By the end of the month following the month in which this award is made, and annually thereafter.

c. Reporting of Total Compensation of Subrecipient Executives.

1. *Applicability and what to report.* Unless you are exempt as provided in paragraph d. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

- i. in the subrecipient's preceding fiscal year, the subrecipient received—

A. 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

B. \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at the [Executive Compensation](#) page of the SEC website.)

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2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

d. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

e. Definitions.

For purposes of this award term:

1. "Entity" means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. "Executive" means officers, managing partners, or any other employees in management positions.

3. "Subaward":

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. II .210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. "Subrecipient" means an entity that:

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- i. Receives a subaward from you (the recipient) under this award; and
- ii. Is accountable to you for the use of the Federal funds provided by the subaward

5. "Total compensation" means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

- i. Salary and bonus.
- ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- v. Above-market earnings on deferred compensation which is not tax-qualified.
- vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

- 8. You are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013) applies to this award.
- 9. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.
- 10. If any activities under this project will involve human subjects in any research activities, you must provide satisfactory assurance of compliance with the participant protection requirement of the HHS/OASH Office of Human Research Protection (OHRP) prior to implementation of those research components. This assurance should be submitted to the OHRP in accordance with the appropriate regulations.

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11. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.

12. OASH plans to exercise the intangible property rights to copyrightable works and data afforded by 45 CFR Part 75.

13. Reporting of Matters Related to Recipient Integrity and Performance

1. General Reporting Requirement

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you as the recipient during that period of time must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph 2 of this award term and condition. This is a statutory requirement under section 872 of Public Law 110-417, as amended (41 U.S.C. 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available.

2. Proceedings About Which You Must Report

Submit the information required about each proceeding that:

a. Is in connection with the award or performance of a grant, cooperative agreement, or procurement contract from the Federal Government;

b. Reached its final disposition during the most recent five year period; and

c. If one of the following:

(1) A criminal proceeding that resulted in a conviction, as defined in paragraph 5 of this award term and condition;

(2) A civil proceeding that resulted in a finding of fault and liability and payment of a monetary fine, penalty, reimbursement, restitution, or damages of \$5,000 or more;

(3) An administrative proceeding, as defined in paragraph 5 of this award term and condition, that resulted in a finding of fault and liability and your payment of either a monetary fine or penalty of \$5,000 or more or reimbursement, restitution, or damages in excess of \$100,000; or

(4) Any other criminal, civil, or administrative proceeding if:

(i) It could have led to an outcome described in paragraph 2.c.(1), (2), or (3) of this award term and condition;

(ii) It had a different disposition arrived at by consent or compromise with an acknowledgement of fault on your part; and

(iii) The requirement in this award term and condition to disclose information about the proceeding

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does not conflict with applicable laws and regulations.

3. Reporting Procedures

Enter in the SAM Entity Management area the information that SAM requires about each proceeding described in paragraph 2 of this award term and condition. You do not need to submit the information a second time under assistance awards that you received if you already provided the information through SAM because you were required to do so under Federal procurement contracts that you were awarded.

4. Reporting Frequency

During any period of time when you are subject to this requirement in paragraph 1 of this award term and condition, you must report proceedings information through SAM for the most recent five year period, either to report new information about any proceeding(s) that you have not reported previously or affirm that there is no new information to report. Recipients that have Federal contract, grant, and cooperative agreement awards with a cumulative total value greater than \$10,000,000 must disclose semiannually any information about the criminal, civil, and administrative proceedings.

5. Definitions

For purposes of this award term and condition:

a. Administrative proceeding means a non-judicial process that is adjudicatory in nature in order to make a determination of fault or liability (e.g., Securities and Exchange Commission Administrative proceedings, Civilian Board of Contract Appeals proceedings, and Armed Services Board of Contract Appeals proceedings). This includes proceedings at the Federal and State level but only in connection with performance of a Federal contract or grant. It does not include audits, site visits, corrective plans, or inspection of deliverables.

b. Conviction, for purposes of this award term and condition, means a judgment or conviction of a criminal offense by any court of competent jurisdiction, whether entered upon a verdict or a plea, and includes a conviction entered upon a plea of nolo contendere.

c. Total value of currently active grants, cooperative agreements, and procurement contracts includes —

(1) Only the Federal share of the funding under any Federal award with a recipient cost share or match; and

(2) The value of all expected funding increments under a Federal award and options, even if not yet exercised

14. Consistent with 45 CFR § 75.113, applicants and recipients must disclose, in a timely manner, in writing to the HHS Awarding Agency, with a copy to the HHS Office of the Inspector General, all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS Office of the Inspector General all information related to violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Federal award.

Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following

NOTICE OF AWARD (Continuation Sheet)

PAGE 11 of 12	DATE ISSUED 08/10/2016
GRANT NO. 5 PAWOS000022-02-00	

addresses:

*HHS OASH Office of Grants Management
1101 Wootton Parkway, Suite 550
Rockville, MD 20852*

AND

*US Department of Health and Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS—MANDATORY GRANT DISCLOSURES
PO Box 23489
Washington, DC 20026*

URL: <http://oig.hhs.gov/fraud/report-fraud/index.asp> (Include "Mandatory Grant Disclosures" in subject line)

Fax: 1-800-223-8164 (Include "Mandatory Grant Disclosures" in subject line)

Failure to make required disclosures can result in any of the remedies described in 45 CFR §75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR Parts 180 & 376 and 31 U.S.C. 3321).

The recipient must include this mandatory disclosure requirement in all subawards and contracts under this award.

REPORTING REQUIREMENTS

1. FINANCIAL REPORTING REQUIREMENT Federal Financial Reporting (FFR) SF 425:

The SF-425 Federal Financial Report is required for expenditure reporting. The SF-425 and instructions for completing the form can be found on the Web at:
http://www.whitehouse.gov/omb/grants_forms

- a. This reporting requirement supersedes any previously issued FFR reporting table and instructions.
- b. You may view the complete table of the reporting schedule after logging into GrantSolutions from the My Grants List screen, select the **Reports** menu dropdown and then select the **Federal Financial Report** submenu.
- c. GrantSolutions will automatically issue you a reminder seven (7) days prior to each report due date. If not submitted by the due date, you will receive a message indicating the report is **Past Due**.
- d. **Electronic Submissions accepted only via GrantSolutions** – Your Quarterly and Annual Federal Financial Reports (FFR) (SF-425) must only be submitted for review via the GrantSolutions FFR reporting module. Your FFR reporting schedule has been issued as a condition of this grant award. You will also be required to submit a Final FFR covering the entire project period 90 days after the project period end date. No other submission methods will be accepted without written approval from the GMO. You must be assigned to the grant with authorized access to the FFR reporting Module as FINANCIAL OFFICER when submitting. If you encounter any difficulties, contact your assigned Grants Management Specialist. Please reference the CONTACTS section of NoA Terms and Conditions to locate the name of this individual.

NOTICE OF AWARD (Continuation Sheet)

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The Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

- You must submit a six month (semi-annual) progress report 30 days after the end of each six-month period of performance. Guidance on content of the progress report will be provided by the Program Office. Reports must be submitted electronically via upload to Grant Notes module in the GrantSolutions system under the award.
- This project is in its final budget period. Once the project period has ended the organization is required to submit a Final Program Progress report, the SF-425 Final Federal Financial report, the SF-428 and SF 428B Tangible Personal Property report and/or Disposition report within 90 calendar days after the expiration of the project and budget period end date. Failure to submit these required reports when due may result in the imposition of a special award condition or the withholding of support for other active projects or activities involving your organization. The Final Program Progress Report, SF-428 and SF 428B must be submitted via Grant Notes in Grant Solutions and the SF-425 must be submitted via the FFR module in Grant Solutions. The SF-428, SF 428B and instructions for completing the form can be found on the Web at: http://www.whitehouse.gov/omb/grants_forms.
- The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities as stipulated in 45 CFR Part 75.500. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <http://harvester.census.gov/fac/collect/ddeindex.html>.

CONTACTS

1. PAYMENT PROCEDURES:

Payments for grants awarded by OASH Program Offices are made through Payment Management Services (previously known as the Division of Payment Management) (<http://www.dpm.psc.gov>). PMS is administered by the Program Support Center (PSC), HHS. NOTE: Please contact the Payment Management Services to establish an account if you do not have one.

Inquiries regarding payments should be directed to <http://www.dpm.psc.gov>; Payment Management Services, P.O. Box 6021, Rockville, MD 20852; or 1-877-614-5533.

2. Fraud, Abuse and Waste:

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail tips@os.dhhs.gov 1-800-447-8477 (1-800-HHS-TIPS).

- For assistance on **grants administration** issues please contact: Brenda C. Donaldson, Office of Grants Management, at 240-453-8442; FAX 240-453-8823; e-mail Brenda.Donaldson@hhs.gov; or OASH Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman William Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #212117 – Saturday Night Teen Program

Existing Funding

At the August meeting of the CIP Committee, the CDBG portion of the Saturday Night Teen Program was transferred from the Health Department to The Salvation Army. That transfer should have also included the Federal and Other sources as they are matching sources specific to that Program.

Respectfully, I request that the Committee recommend the transfer of these sources to the full Board.

CIP BUDGET AUTHORIZATION

CIP#: 212117	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: Saturday Night Teen Program		Amending Resolution: 9/20/2016	
Administering Department: Salvation Army		Revision: #1	

Project Description: Funding to provide staffing to operate Saturday Teen Night at the Salvation Army. Teen Night activities are targeted to at-risk youth from the NRSA.

Federal Grants	Federal Grant: Yes	Environmental	Review Required: Yes
	Grant Executed:		Completed: Pending

Critical Events

1.	Project Initiation	7/1/2016
2.	Project Completion	6/30/2017
3.		
4.		
5.		
		6/30/2017

Line Item Budget

	CDBG	FEDERAL	OTHER	TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$20,000.00	\$10,700.00	\$10,000.00	\$40,700.00
TOTAL	\$20,000.00	\$10,700.00	\$10,000.00	\$40,700.00

Revisions: #1 - Adds project matching sources (\$10,700 Federal and \$10,000 Other).

Comments: Authorization of spending CDBG funds is contingent upon HUD grant execution. Project's Administering Department changed from the Health Department to The Salvation Army.

CIP BUDGET AUTHORIZATION

CIP#: 210917	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: Saturday Night Teen Program		Amending Resolution: 9/20/2016	
Administering Department: Health Department		Revision: #2	

Project Description: Funding to provide staffing to operate Saturday Teen Night at the Salvation Army. Teen Night activities are targeted to at-risk youth from the NRSA.

Federal Grants

Federal Grant: Yes
Grant Executed:

Environmental

Review Required: Yes
Completed: Pending

Critical Events

1.	Project Initiation	7/1/2016
2.	Project Completion	9/20/16
3.		
4.		
5.		
		9/20/16

Line Item Budget

				TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

Revisions:

#1 - Transfers \$20,000 CDBG to CIP Project #212117.
#2 - Transfers \$10,700 Federal and \$10,000 Other to CIP Project #212117 and closes this project.

Comments:

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, transferring, authorizing and appropriating funds in the amount of Twenty Thousand Seven Hundred Dollars (\$20,700) for the FY2017 CIP 212117 Saturday Night Teen Program.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to transfer the matching requirements of the Saturday Night Teen Program to the Salvation Army;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By decreasing:

FY2017 CIP 210917 – Saturday Night Teen Program - \$10,700 Federal, \$10,000 Other

By increasing:

FY2017 CIP 212117 – Saturday Night Teen Program - \$10,700 Federal, \$10,000 Other

Resolved, that this Resolution shall take effect upon its passage.



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment


Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP 
Director, Planning and Community Development

Date: September 9, 2016

Re: Health Department - CIP #212217 – Project LAUNCH from SAMHSA

New Funding

The Health Department has notified us that the City has received new funding from the Manchester Community Health Center totaling \$50,000 for the provision of services to promote the wellness of young children from birth to age eight. Project LAUNCH focuses on improving the systems that serve young children with the goal of helping all children reach physical, social, emotional, behavioral and cognitive milestones. A local collaborative group of several organizations will work together to provide all of the sub-components of services to be provided with the Project LAUNCH funding and the Manchester Health Department has been identified as one of the partners.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

Attachments:

CIP BUDGET AUTHORIZATION

CIP#: 212217	Project Year: 2017	CIP Resolution: 5/17/2016
Title: Project LAUNCH from SAMHSA	Amending Resolution:	
Administering Department: Health Department	Revision:	

Project Description: To promote the wellness of young children with the goal of helping all children reach physical, social, emotional, behavioral and cognitive milestones.

Federal Grants	Federal Grant: No	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1.	Program Initiation	6/1/2016
2.	Program Completion	6/30/2018
3.		
4.		
5.		
		6/30/2018

Line Item Budget

	OTHER			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$50,000.00	\$0.00	\$0.00	\$50,000.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$50,000.00	\$0.00	\$0.00	\$50,000.00

Revisions:

Comments: Funds passed through the Manchester Community Health Center from the State of New Hampshire Department of Health and Human Services. Initiation and completion dates established by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Fifty Thousand Dollars (\$50,000) for the FY2017 CIP 212217 Project LAUNCH from SAMHSA.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds from the Manchester Community Health Center to implement programming to promote the wellness of young children from birth to age eight;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By adding:

CIP 212217 Project LAUNCH from SAMHSA - \$50,000 Other

Resolved, that this Resolution shall take effect upon its passage.

Memorandum of Understanding for Project LAUNCH

Manchester Community Health Center And Manchester Health Department

This Memorandum of Understanding (MOU) is made and entered into as of July 1, 2016 by and between Manchester Community Health Center (MCHC), 145 Hollis Street, Manchester, New Hampshire and Manchester Health Department (MHD), 1528 Elm Street, Manchester, New Hampshire.

Purpose: This Memorandum of Understanding is the result of the State of NH, Department of Health and Human Services, Division of Public Health Services, Bureau of Population Health and Community Services, Maternal and Child Health Section receiving funding for Project LAUNCH from the Substance Abuse Mental Health Services Administration. Project LAUNCH is funded 100% from federal funds from SAMHSA of the U.S. Department of Health and Human Services, CFDA #93.243. Manchester was identified as the local community of focus and MCHC was chosen as the lead agency for coordination of local programming. The purposes of the grant are to promote the wellness of young children birth to age eight. Project LAUNCH focuses on improving the systems that serve young children with the goal of helping all children reach physical, social, emotional, behavioral, and cognitive milestones. A local collaborative group of several organizations will work together to provide all of the sub-components of services to be provided with the Project LAUNCH funding, and MHD has been identified as one of the partners.

MCHC has signed a contract with the State of NH Department of Health & Human Services (see Appendix A: Scope of Services "Project LAUNCH- Manchester".) All activities covered by this MOU are required to fall within and under this Scope of Services.

Type of Agreement: The MOU is a cooperative agreement, wherein both organizations have agreed to formalize a cooperative approach to working with children and their families in their service populations given the overlap in populations served.

Term of Agreement: Unless otherwise terminated, this agreement shall commence July 1, 2016 and conclude on June 30, 2018. If the contract between MCHC and the state of NH is extended the agreement shall automatically extend in accordance with the contract amendment, if applicable, or when funding is discontinued by SAMHSA. This agreement shall be reviewed annually.

Amendment: This agreement may be amended, waived, or discharged only by an instrument in writing signed by the party or parties hereto.

Termination of Agreement: Termination Without Cause. This Agreement may be terminated, in whole or in part, without cause upon thirty (30) days' written notice by either Party.

Termination By Mutual Agreement. This Agreement may be terminated, in whole or in part, at any time upon the mutual agreement of the Parties that the continuation of this Agreement would not produce beneficial results commensurate with the further utilization of resources if either party provides a written 30-day notice of such termination.

Relationship of Parties: During the term of this Agreement, MCHC and MHD shall remain separate entities. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create any relationship between the Parties other than that of separate entities. Except as otherwise provided, neither of the Parties shall be construed to be the agent, partner, co-venturer, employee or representative of the other Party.

Third Party Beneficiaries: This Agreement was created by the Parties solely for their benefit and is not

intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

Assignment: The rights, obligations, and responsibilities established herein shall not be assigned or transferred by either Party without the express written consent of the other Party.

Entire Agreement: This Agreement represents the complete understanding of the Parties with regard to the subject matter. This Agreement supersedes any other agreements or understandings between the Parties, whether oral or written, relating to the subject matter of this Agreement. No such other agreements or understandings may be enforced by either Party nor may they be used for interpretation purposes in any dispute involving this Agreement.

Dispute Resolution: The Parties shall first attempt to resolve any dispute arising under this Agreement by informal discussion between the Parties. Any dispute that has failed to be resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussion (not to exceed thirty days) may be resolved through any and all means available.

Payment for Services Rendered:

Salary & Fees for Staff: Manchester Community Health Center agrees to pay MHD the following salaries for the professional(s) to be hired to fulfill the role below:

1. Local Evaluator: This individual will work 20 hours per week and MHD will be reimbursed up to \$25,000 for actual hours worked.

TOTAL ANNUAL BUDGET: \$25,000.00.

Payment: MHD will invoice MCHC on a monthly basis by the fifth (5th) business day of each month for the salaries and other program expenses as described above (see Appendix B: Invoice). MCHC will remit payment within 30 days of receipt of the monthly invoice.

Responsibilities of:

Manchester Community Health Center:

1. MCHC will hire the Project LAUNCH Local Program Director/Young Child Wellness Coordinator (YCWC) who will act as the project leader for the local Manchester Project LAUNCH initiative.
2. The YCWC will be responsible for several critical functions as described in detail in the YCWC job description, but specifically as relates to this MOU will be responsible for:
 - a. Manage implementation of the local-level Project LAUNCH strategic plan for developing, implementing, and sustaining infrastructure and programs addressing young child wellness.
 - b. Facilitating regular meetings of the Project LAUNCH Local Operations Leadership Team.
 - c. Preparing Meeting Notes and Agendas for Local Council, leadership, and staff meetings
 - d. Oversee the activities described in each of the MOU's with the Project LAUNCH collaborative partners.
 - e. Work closely with the State of NH DHHS Young Child Wellness Expert and the Young Child Wellness Partner at NH Spark, Local Evaluator, and the Federal Project Officer and Resource Specialist from SAMHSA.
 - f. Collect from MOU partners for Project LAUNCH the required statistics for reporting to the State of NH DHHS (who will in turn provide this data to Project LAUNCH Project Officer).
 - g. Manage monthly billing for any MOU-related activities
 - h. Facilitate and provide administrative support to the Local Young Child Wellness Council to foster collaboration among early childhood programs, services, and stakeholders.
 - i. Work closely with Spark NH for scope of services as outlined in their MOU and participate in related meetings for their statewide Child Wellness Council.

Manchester Health Department:

1. The Local Evaluator will work closely with the Project LAUNCH Local Operations Leadership Team and Project LAUNCH NH Management Team to review the various plans developed by the team (including the Environmental Scan, Strategic Plan, Evaluation Plan, and Sustainability Plan) using guidance provided by SAMHSA and provide feedback to the team. In addition, this individual will review and analyze data collected by local agencies contracted with MCHC to carry out the scope of service of Project LAUNCH and work collaboratively with project leadership to provide evaluation of the local project, and make recommendations for modifications as a result of that evaluation.
2. The Local Evaluator will be responsible to MHD reporting to the Division Head of Chronic Disease Prevention and Neighborhood Health, and/or her designee for administrative and clinical performance and shall work collaboratively with the YCW Coordinator at MCHC, the YCW Partner at Spark NH, and the YCW Expert at NH DHHS, Bureau of Population Health and Community Services, Maternal Child Health Section. The Division Head of Chronic Disease Prevention and Neighborhood Health and/or her designee will serve as a liaison regarding this Memorandum of Understanding and services provided under the Memorandum of Understanding, and serve as a member of the Local Young Child Wellness Council.
3. The Local Evaluator will be required to report data on a regular basis as agreed to by the Local Operations Leadership Team and Manchester Young Child Wellness Council and in compliance with the Project LAUNCH grant through SAMHSA and the Project LAUNCH NH Management Team.
4. The Local Evaluator will be required to attend meetings as agreed to by the Project LAUNCH NH Management Team.
5. The Local Evaluator will work collaboratively with other Project LAUNCH partners in the coordination of care and the effort to achieve Project LAUNCH aims.
6. MHD agrees to indemnify, defend, and hold MCHC harmless from and against any and all liability, damages, expenses (including court costs and attorney fees), suits and claims of any nature whatsoever, which MCHC may incur, suffer, become liable for, or which may be asserted or claimed against MCHC as a result of the acts, errors or omissions of MHD.

Credits: All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services under this MOU shall include the following statement:

The preparation of this (report, document, flyer, ad, etc.) was financed under a contract with the State of New Hampshire, Department of Health and Human Services, Division of Public Health Services, with funds provided under grant number 1H79SM061289 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Certification Regarding Lobbying: The Manchester Health Department agrees to comply with the provisions of Section 319 of Public Law 101-121, Government wide Guidance for New Restrictions on Lobbying, and 31 U.S.C. 1352, and further agrees to have its representative execute the following Certification:

US DEPARTMENT OF HEALTH AND HUMAN SERVICES - CONTRACTORS
US DEPARTMENT OF EDUCATION - CONTRACTORS
US DEPARTMENT OF AGRICULTURE - CONTRACTORS

Programs (indicate applicable program covered):

- *Temporary Assistance to Needy Families under Title IV-A
- *Child Support Enforcement Program under Title IV-D
- *Social Services Block Grant Program under Title XX
- *Medicaid Program under Title XIX
- *Community Services Block Grant under Title VI

***Child Care Development Block Grant under Title IV**

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or subcontractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-1.)
3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Confidentiality/HIPAA: The parties will maintain the confidentiality and security of all confidential information provided pursuant to this Memorandum of Understanding and will use the information only for the purposes of performing the duties outlined in this Memorandum of Understanding. The parties will not disclose any confidential information to any person, firm or entity without the prior, written consent of the other party, and resident/client whenever required, except as reasonably requested by auditors or legal counsel or as required or otherwise permitted by law.

Client Information. MHD and MCHC shall not disclose any patient/client or protected health information to any third party, except where permitted or required by law or where the client or authorized legal representative expressly approves such disclosure.

HIPAA and Hitech Compliance. MHD and MCHC shall each comply with all privacy, security and breach notification requirements of HIPAA and Hitech, and shall be responsible for its own costs incurred in connection with achieving and maintaining such compliance of their own information.

Manchester Community Health Center

By:


Kris McCracken
President and Chief Executive Officer

Date:

8/11/16

Manchester Health Department

By:


Timothy Soucy
Public Health Director

Date:

8/11/16

CIP USE ONLY

CIP BUDGET AUTHORIZATION

CIP USE ONLY

CIP #: 211017

Project Year: 2017

CIP Resolution: 5/17/2016

Title: School Based Dental Services

Amending Resolution:

Administering Department: Health Dept

Revision:

Project Description

Program funding to support school based dental services currently provided by the Manchester Health Department as well as allow for the expansion of care for Manchester children.

Federal Grants

Federal Grant: No

Environmental

Review Required: No

Grant Executed:

Completed:

Critical Events

DEPARTMENTAL USE ONLY

1	Project initiation	07/01/2016
2	Project completion	06/30/2017
3		
4		
5		

Expected Completion Date:

6/30/2017

Line Item Budget

			Other Funds	TOTAL
Salaries and Wages	\$16,110.00	\$25,000.00	\$0.00	\$41,110.00
Fringes	\$7,378.00	\$1,913.00	\$0.00	\$9,291.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$1,600.00	\$18,087.00	\$0.00	\$19,687.00
TOTAL	\$25,088.00	\$45,000.00	\$0.00	\$70,088.00

NON-OFFICIAL CIP DOCUMENT

Revisions

COMMENTS



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP *207 For LLL*
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #410317 – Sustained Traffic Enforcement Patrol

New Funding

The Police Department has notified us that the City has received additional grant funds from the State of New Hampshire Highway Safety Agency totaling \$5,014 for the implementation of sustained traffic enforcement patrols.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Forms necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

CIP BUDGET AUTHORIZATION

CIP#: 410317	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: Sustained Traffic Enforcement Patrol		Amending Resolution: 9/20/2016	
Administering Department: Police Department		Revision: #1	

Project Description: Concentrated efforts to detect speeders and enforce speeding laws. Funding will be utilized to complete (twenty two) four hour patrols.

Federal Grants	Federal Grant: Yes	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1.	Project Initiation	7/1/2016
2.	Project Completion	6/30/2017
3.		
4.		
5.		
		6/30/2017

Line Item Budget

	FEDERAL			TOTAL
Salaries and Wage	\$43,000.00	\$0.00	\$0.00	\$43,000.00
Fringes	\$12,014.00	\$0.00	\$0.00	\$12,014.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$55,014.00	\$0.00	\$0.00	\$55,014.00

Revisions: #1 - Budget increased from \$50,000 to \$55,014 due to the receipt of additional grant funds.

Comments: Funds received from the State of New Hampshire Highway Safety Agency. Program initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Five Thousand Fourteen Dollars (\$5,014) for the FY 2017 CIP 410317 Sustained Traffic Enforcement Patrol.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$5,014 from the State of New Hampshire Highway Safety Agency for the operation of sustained traffic enforcement patrols;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By increasing:

FY2017 410317 Sustained Traffic Enforcement Patrol - \$5,014 Federal
(from \$50,000 to \$55,014)

Resolved, that this Resolution shall take effect upon its passage.

Chief of Police
Enoch F. Willard
Assistant Chief
Carlo T. Capano



Commission
Mark E. Roy, *Chairman*
Woullard H. Lett
William M. Clifford
Eva Castillo-Turgeon
Steven J. Spain

CITY OF MANCHESTER
Police Department

September 7, 2016

To: Todd Fleming
From: Steve Hoeft, BSO
Re: Sustained Traffic Enforcement Patrol - 410317

Attached is the NH Highway Safety Project Grant Award in the amount of \$55,013.58 for Manchester Sustained Traffic Enforcement Patrol (STEP). I will send you the signed copy of the grant award once we get all of the signatures.

The dates for this grant is 10/1/16 to 9/30/17.

The funds breakdown is as follows:

Overtime	-	\$43,000.00
Fringes	-	\$12,013.58

Please process this as a project for approval.

Sincerely,

Steven L. Hoeft
Business Service Officer

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: Manchester STEP

Project #: 315-17A-020

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305	
1.3. Subrecipient Name Manchester Police Department		1.4. Subrecipient Address 405 Valley Street Manchester, NH 03103	
Chief's Email Address: ewillard@manchesternh.gov		Grant Contact Email: jgallant@manchesternh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) City		1.4.2 DUNS 604507046	
1.5. Subrecipient Phone # 603-668-8711	1.6. Effective Date October 1, 2016	1.7. Completion Date September 30, 2017	1.8. Grant Limitation \$55,013.58
1.9. Grant Officer for State Agency LuAnn Speikers		1.10. State Agency Telephone Number 603-271-2197	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 _____ Subrecipient Signature 2 _____ Subrecipient Signature 3 _____		1.12. Name & Title of Subrecipient Signor 1 _____ Name & Title of Subrecipient Signor 2 _____ Name & Title of Subrecipient Signor 3 _____	
1.13. Acknowledgment: State of New Hampshire, County of _____, on ____ / ____ / ____, before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal) _____		1.13.2 Name & Title of Notary Public or Justice of the Peace _____	
1.14. State Agency Signature(s) _____		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: _____	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: ____ / ____ / ____			
1.17. Approval by Governor and Council (if applicable) By: _____ On: ____ / ____ / ____			

2. **SCOPE OF WORK:** In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

EXHIBIT A

Scope of Services

1. The Office of Highway Safety (hereinafter referred to as The State) is awarding the Manchester Police Department (hereinafter referred to as the Subrecipient) \$55,013.58 for STEP Patrols, as further described in the Subrecipient's application, which is hereby incorporated by reference and made a part of this Grant Agreement.

Budget (Provide itemization as called for on Schedule B) and Source of Funds					
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds
a. Personnel Services	\$55,013.58	\$55,013.58			
b. Current Expenses					
c. Equipment					
d. Indirect Costs & Audit					
e. Contractual Services					
f. Travel					
Total Approved Costs (Include Non-Federal Share)	\$55,013.58	\$55,013.58			

2. It is agreed that quarterly reports will be made to the Office of Highway Safety for the duration of the contract summarizing the progress being made in implementing the project and identifying any problems being encountered. A final report will be made upon completion of the project. Reports will be submitted within 20 days of the project termination date.
3. All publications, public information or publicity released in conjunction with this project shall state that "this project is being supported in part through a grant from the Office of Highway Safety with Federal funds provided by the National Highway Traffic Safety Administration, US Department of Transportation", or words to that effect.

EXHIBIT B

Grant Amount and Method of Payment

1. GRANT AMOUNT

FEDERAL BUDGET AND PERSONNEL DATA	
a. Personnel Services Salary	\$55,013.58
b. Current Expenses	
c. Equipment	
d. Indirect Costs and Audit Expense	
e. Contractual Services	
f. Travel Expenses	
Total	\$55,013.58

Project Cost is 80% Federal Funds, 20% Applicant Share
Awarding Agency: Office of Highway Safety (OHS)
Project Title & Number: Manchester STEP #315-17A-020
PSP & Task #: 17-03 PT 07
Funding Source: 402 Funds
Catalog of Federal Domestic Assistance (CFDA) Number: 20.600
In Kind Match: \$13,753.39

2. PAYMENT SCHEDULE

- a. The Subrecipient agrees that the total payment by the State under this grant agreement shall be up to \$55,013.58.
- b. At least quarterly, the Subrecipient shall submit the Reimbursement form (HS-20) and activity reports (HS-200) to the State, along with supporting documentation and proof of payment, i.e., copies of purchase orders, vendor invoices, and/or cancelled checks. Each Reimbursement form must be accompanied by match documentation. The Subrecipient shall submit proper match documentation by submitting a completed Match Tracking for Personnel and Other Costs, the form of which is attached hereto as Exhibit B-1. Upon review and approval of the submitted forms, reports and supporting documentation, the State will forward the funds to the Subrecipient. The Subrecipient will continue this

Grantee Initials _____ Date _____



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP *TDF For LLL*
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #410417 – DWI Patrol Program

New Funding

The Police Department has notified us that the City has received additional grant funds from the State of New Hampshire Highway Safety Agency totaling \$1,200 for the implementation of DWI patrols.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

CIP BUDGET AUTHORIZATION

CIP#: 410417	Project Year: 2017	CIP Resolution: 5/17/2016
Title: DWI Patrol Program		Amending Resolution: 9/20/2016
Administering Department: Police Department		Revision: #1

Project Description: Operation of DWI sobriety checkpoints in cooperation with the NH State Police to identify and apprehend impaired drivers, increase public awareness and reduce serious motor vehicle accidents. Funding will be used to support the operation of (thirty) four hour patrols. The patrols will be conducted by one officer.

Federal Grants	Federal Grant: Yes	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1.	Project Initiation	7/1/2016
2.	Project Completion	6/30/2017
3.		
4.		
5.		
		6/30/2017

Line Item Budget

	FEDERAL			TOTAL
Salaries and Wage	\$44,000.00	\$0.00	\$0.00	\$44,000.00
Fringes	\$12,200.00	\$0.00	\$0.00	\$12,200.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$56,200.00	\$0.00	\$0.00	\$56,200.00

Revisions: #1 - Budget increased from \$55,000 to \$56,200 due to the receipt of additional grant funds.

Comments: Funds received from the State of New Hampshire Highway Safety Agency. Program initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of One Thousand Two Hundred Dollars (\$1,200) for the FY 2017 CIP 410417 DWI Patrol Program.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$1,200 from the State of New Hampshire Highway Safety Agency for the implementation of the DWI Patrol Program;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By increasing:

FY2017 CIP 410417 DWI Patrol Program - \$1,200 Federal
(from \$55,000 to \$56,200)

Resolved, that this Resolution shall take effect upon its passage.

Chief of Police
Enoch F. Willard
Assistant Chief
Carlo T. Capano



Commission
Mark E. Roy, *Chairman*
Woullard H. Lett
William M. Clifford
Eva Castillo-Turgeon
Steven J. Spain

CITY OF MANCHESTER
Police Department

September 7, 2016

To: Todd Fleming
From: Steve Hoeft, BSO

Re: DWI Patrol Program - 410417

Attached is the NH Highway Safety Project Grant Award in the amount of \$56,200.00 for Manchester DWI Patrols. I will send you the signed copy of the grant award once we get all of the signatures.

The dates for this grant is 10/1/16 to 9/30/17.

The funds breakdown is as follows:

Overtime	-	\$44,000.00
Fringes	-	\$12,200.00

Please process this as a project for approval.

Sincerely,



Steven L. Hoeft
Business Service Officer

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: Manchester DWI Patrols

Project #: 308-17A-015

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305	
1.3. Subrecipient Name Manchester Police Department		1.4. Subrecipient Address 405 Valley Street Manchester, NH 03103	
Chief's Email Address: ewillard@manchesternh.gov		Grant Contact Email: jgallant@manchesternh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) City		1.4.2 DUNS 604507046	
1.5. Subrecipient Phone # 603-668-8711	1.6. Effective Date October 1, 2016	1.7. Completion Date September 30, 2017	1.8. Grant Limitation \$56,200.00
1.9. Grant Officer for State Agency LuAnn Speikers		1.10. State Agency Telephone Number 603-271-2197	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 _____ Subrecipient Signature 2 _____ Subrecipient Signature 3 _____		1.12. Name & Title of Subrecipient Signor 1 _____ Name & Title of Subrecipient Signor 2 _____ Name & Title of Subrecipient Signor 3 _____	
1.13. Acknowledgment: State of New Hampshire, County of _____, on ____ / ____ / ____, before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal) _____		1.13.2 Name & Title of Notary Public or Justice of the Peace _____	
1.14. State Agency Signature(s) _____		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: _____	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: ____ / ____ / ____			
1.17. Approval by Governor and Council (if applicable) By: _____ On: ____ / ____ / ____			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

EXHIBIT A

Scope of Services

1. The Office of Highway Safety (hereinafter referred to as The State) is awarding the Manchester Police Department (hereinafter referred to as the Subrecipient) \$56,200.00 for DWI Patrols, as further described in the Subrecipient's application, which is hereby incorporated by reference and made a part of this Grant Agreement.

Budget (Provide itemization as called for on Schedule B) and Source of Funds					
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds
a. Personnel Services	\$56,200.00	\$56,200.00			
b. Current Expenses					
c. Equipment					
d. Indirect Costs & Audit					
e. Contractual Services					
f. Travel					
Total Approved Costs (Include Non-Federal Share)	\$56,200.00	\$56,200.00			

2. It is agreed that quarterly reports will be made to the Office of Highway Safety for the duration of the contract summarizing the progress being made in implementing the project and identifying any problems being encountered. A final report will be made upon completion of the project. Reports will be submitted within 20 days of the project termination date.
3. All publications, public information or publicity released in conjunction with this project shall state that "this project is being supported in part through a grant from the Office of Highway Safety with Federal funds provided by the National Highway Traffic Safety Administration, US Department of Transportation", or words to that effect.

Rev. 11/2015 Grantee Initials _____ Date _____
Page 1 of 12

EXHIBIT B

Grant Amount and Method of Payment

1. GRANT AMOUNT

FEDERAL BUDGET AND PERSONNEL DATA	
a. Personnel Services Salary	\$56,200.00
b. Current Expenses	
c. Equipment	
d. Indirect Costs and Audit Expense	
e. Contractual Services	
f. Travel Expenses	
Total	\$56,200.00

Project Cost is 80% Federal Funds, 20% Applicant Share
Awarding Agency: Office of Highway Safety (OHS)
Project Title & Number: Manchester DWI Patrols #308-17A-015
PSP & Task #: 17-02 M6OT 08
Funding Source: 405d Impaired Driving
Catalog of Federal Domestic Assistance (CFDA) Number: 20.616
In Kind Match: \$14,050.00

2. PAYMENT SCHEDULE

- a. The Subrecipient agrees that the total payment by the State under this grant agreement shall be up to \$56,200.00.
- b. At least quarterly, the Subrecipient shall submit the Reimbursement form (HS-20) and activity reports (HS-200) to the State, along with supporting documentation and proof of payment, i.e., copies of purchase orders, vendor invoices, and/or cancelled checks. Each Reimbursement form must be accompanied by match documentation. The Subrecipient shall submit proper match documentation by submitting a completed Match Tracking for Personnel and Other Costs, the form of which is attached hereto as Exhibit B-1. Upon review and approval of the submitted forms, reports and supporting documentation, the State will forward the funds to the Subrecipient. The Subrecipient will continue this

Grantee Initials _____ Date _____



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP *TDF For LLL*
Director, Planning and Community Development

Date: September 9, 2016

Re: Police Department - CIP #411117 – Distracted Driving Patrols

New Funding

The Police Department has notified us that the City has received new funding from the State of New Hampshire Department of Safety totaling \$18,000 for the implementation of Distracted Driving Patrols.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

CIP BUDGET AUTHORIZATION

CIP#:
 Project Year:
 CIP Resolution:

Title:
 Amending Resolution:

Administering Department:
 Revision:

Project Description:

Federal Grants
 Federal Grant:
Environmental
 Review Required:

Grant Executed:
 Completed:

Critical Events

1.	Project Initiation	10/1/2016
2.	Project Completion	9/30/2017
3.		
4.		
5.		
		9/30/2017

Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$14,000.00	\$0.00	\$0.00	\$14,000.00
Fringes	\$4,000.00	\$0.00	\$0.00	\$4,000.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$18,000.00	\$0.00	\$0.00	\$18,000.00

Revisions:

Comments:

Funds received from the State of New Hampshire Highway Safety Agency. Program initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Eighteen Thousand Dollars (\$18,000) for the FY 2017 CIP 411117 Distracted Driving Patrols.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$18,000 from the State of New Hampshire Department of Safety to implement Distracted Driving Patrols;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By adding:

2017 CIP 411117 - Distracted Driving Patrols - \$18,000 State

Resolved, that this Resolution shall take effect upon its passage.

Chief of Police
Enoch F. Willard
Assistant Chief
Carlo T. Capano



Commission
Mark E. Roy, *Chairman*
Woullard H. Lett
William M. Clifford
Eva Castillo-Turgeon
Steven J. Spain

CITY OF MANCHESTER
Police Department

September 7, 2016

To: Todd Fleming
From: Steve Hoeft, BSO

Re: Distracted Driving

Attached is the NH Highway Safety Project Grant Award in the amount of \$18,000.00 for Manchester Distracted Driving. I will send you the signed copy of the grant award once we get all of the signatures.

The dates for this grant is 10/1/16 to 9/30/17.

The funds breakdown is as follows:

Overtime	-	\$14,000.00
Fringes	-	\$ 4,000.00

Please process this as a project for approval.

Sincerely,


Steven L. Hoeft
Business Service Officer

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: Manchester Distracted Driving Patrols

Project #: 318-17A-013

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305	
1.3. Subrecipient Name Manchester Police Department		1.4. Subrecipient Address 405 Valley Street Manchester, NH 03103	
Chief's Email Address: ewillard@manchesternh.gov		Grant Contact Email: jgallant@manchesternh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) City		1.4.2 DUNS 604507046	
1.5. Subrecipient Phone # 603-668-8711	1.6. Effective Date October 1, 2016	1.7. Completion Date September 30, 2017	1.8. Grant Limitation \$18,000.00
1.9. Grant Officer for State Agency Luann Speikers		1.10. State Agency Telephone Number 603-271-2197	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 _____ Subrecipient Signature 2 _____ Subrecipient Signature 3 _____		1.12. Name & Title of Subrecipient Signor 1 _____ Name & Title of Subrecipient Signor 2 _____ Name & Title of Subrecipient Signor 3 _____	
1.13. Acknowledgment: State of New Hampshire, County of _____, on ____ / ____ / ____, before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal) _____		1.13.2 Name & Title of Notary Public or Justice of the Peace _____	
1.14. State Agency Signature(s) _____		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: _____	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: ____ / ____ / ____			
1.17. Approval by Governor and Council (if applicable) By: _____ On: ____ / ____ / ____			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

EXHIBIT A

Scope of Services

1. The Office of Highway Safety (hereinafter referred to as The State) is awarding the Manchester Police Department (hereinafter referred to as the Subrecipient) \$18,000.00 for Distracted Driving Patrols, as further described in the Subrecipient's application, which is hereby incorporated by reference and made a part of this Grant Agreement.

Budget (Provide itemization as called for on Schedule B) and Source of Funds					
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds
a. Personnel Services	\$18,000.00	\$18,000.00			
b. Current Expenses					
c. Equipment					
d. Indirect Costs & Audit					
e. Contractual Services					
f. Travel					
Total Approved Costs (Include Non-Federal Share)	\$18,000.00	\$18,000.00			

2. It is agreed that quarterly reports will be made to the Office of Highway Safety for the duration of the contract summarizing the progress being made in implementing the project and identifying any problems being encountered. A final report will be made upon completion of the project. Reports will be submitted within 20 days of the project termination date.
3. All publications, public information or publicity released in conjunction with this project shall state that "this project is being supported in part through a grant from the Office of Highway Safety with Federal funds provided by the National Highway Traffic Safety Administration, US Department of Transportation", or words to that effect.

EXHIBIT B

Grant Amount and Method of Payment

1. GRANT AMOUNT

FEDERAL BUDGET AND PERSONNEL DATA	
a. Personnel Services Salary	\$18,000.00
b. Current Expenses	
c. Equipment	
d. Indirect Costs and Audit Expense	
e. Contractual Services	
f. Travel Expenses	
Total	\$18,000.00

Project Cost is 80% Federal Funds, 20% Applicant Share
Awarding Agency: Office of Highway Safety (OHS)
Project Title & Number: Manchester Distracted Driving #318-17A-013
PSP & Task #: 17-07 M8X 01
Funding Source: 405e Funds
Catalog of Federal Domestic Assistance (CFDA) Number: 20.616
In Kind Match: \$4,500.00

2. PAYMENT SCHEDULE

- a. The Subrecipient agrees that the total payment by the State under this grant agreement shall be up to \$18,000.00.
- b. At least quarterly, the Subrecipient shall submit the Reimbursement form (HS-20) and activity reports (HS-200) to the State, along with supporting documentation and proof of payment, i.e., copies of purchase orders, vendor invoices, and/or cancelled checks. Each Reimbursement form must be accompanied by match documentation. The Subrecipient shall submit proper match documentation by submitting a completed Match Tracking for Personnel and Other Costs, the form of which is attached hereto as Exhibit B-1. Upon review and approval of the submitted forms, reports and supporting documentation, the State will forward the funds to the Subrecipient. The Subrecipient will continue this

Grantee Initials _____ Date _____



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP *TDF for LLL*
Director, Planning and Community Development

Date: September 9, 2016

Re: Police Department - CIP #411217 – Manchester Radars

New Funding

The Police Department has notified us that the City has received new funding from the State of New Hampshire Department of Safety totaling \$15,225 for the purchase of 14 radar units.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

CIP BUDGET AUTHORIZATION

CIP#: 411217

Project Year: 2017

CIP Resolution: 5/17/2016

Title: Manchester Radars

Amending Resolution: 9/20/2016

Administering Department: Police Department

Revision:

Project Description: NH Highway Safety grant funding to purchase 14 Radar Units.

Federal Grants

Federal Grant: No

Environmental

Review Required: No

Grant Executed:

Completed:

Critical Events

1. Program Initiation	10/1/2016
2. Program Completion	9/30/2017
3.	
4.	
5.	
	9/30/2017

Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$15,225.00	\$0.00	\$0.00	\$15,225.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$15,225.00	\$0.00	\$0.00	\$15,225.00

Revisions:**Comments:** Funds received from the State of New Hampshire Department of Safety. Program initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Fifteen Thousand Two Hundred Twenty Five Dollars (\$15,225) for the FY 2017 CIP 411217 Manchester Radars.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$15,225 from the State of New Hampshire Department of Safety to purchase 14 Radar Units;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By adding:

2017 CIP 411217 – Manchester Radars - \$15,225 State

Resolved, that this Resolution shall take effect upon its passage.

Chief of Police
Enoch F. Willard
Assistant Chief
Carlo T. Capano



Commission

Mark E. Roy, *Chairman*
Woullard H. Lett
William M. Clifford
Eva Castillo-Turgeon
Steven J. Spain

CITY OF MANCHESTER
Police Department

September 7, 2016

To: Todd Fleming
From: Steve Hoeft, BSO

Re: Manchester Radars (14)

Attached is the NH Highway Safety Project Grant Award in the amount of \$15,225.00 to purchase 14 Radar Units. I will send you the signed copy of the grant award once we get all of the signatures.

The dates for this grant is 10/1/16 to 9/30/17.

The funds breakdown is as follows:

Equipment - \$15,225.00

Please process this as a project for approval.

Sincerely,

Steven L. Hoeft
Business Service Officer

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: Manchester Radars (14)

Project #: 315-17A-025

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305	
1.3. Subrecipient Name Manchester Police Department		1.4. Subrecipient Address 405 Valley Street Manchester, NH 03103	
Chief's Email Address: ewillard@manchesternh.gov		Grant Contact Email: jgallant@manchesternh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) City		1.4.2 DUNS 604507046	
1.5. Subrecipient Phone # 603-668-8711	1.6. Effective Date October 1, 2016	1.7. Completion Date September 30, 2017	1.8. Grant Limitation \$15,225.00
1.9. Grant Officer for State Agency LuAnn Speikers		1.10. State Agency Telephone Number 603-271-2197	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1		1.12. Name & Title of Subrecipient Signor 1	
Subrecipient Signature 2		Name & Title of Subrecipient Signor 2	
Subrecipient Signature 3		Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on ____ / ____ / ____, before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s)		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: _____	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: ____ / ____ / ____			
1.17. Approval by Governor and Council (if applicable) By: _____ On: ____ / ____ / ____			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

EXHIBIT A

Scope of Services

1. The Office of Highway Safety (hereinafter referred to as The State) is awarding the Manchester Police Department (hereinafter referred to as the Subrecipient) \$15,225.00 for Radars (14), as further described in the Subrecipient's application, which is hereby incorporated by reference and made a part of this Grant Agreement.

Budget (Provide itemization as called for on Schedule B) and Source of Funds					
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds
a. Personnel Services					
b. Current Expenses					
c. Equipment	\$30,450.00	\$15,225.00	\$15,225.00		
d. Indirect Costs & Audit					
e. Contractual Services					
f. Travel					
Total Approved Costs (Include Non-Federal Share)	\$30,450.00	\$15,225.00	\$15,225.00		

2. It is agreed that quarterly reports will be made to the Office of Highway Safety for the duration of the contract summarizing the progress being made in implementing the project and identifying any problems being encountered. A final report will be made upon completion of the project. Reports will be submitted within 20 days of the project termination date.
3. All publications, public information or publicity released in conjunction with this project shall state that "this project is being supported in part through a grant from the Office of Highway Safety with Federal funds provided by the National Highway Traffic Safety Administration, US Department of Transportation", or words to that effect.

EXHIBIT B

Grant Amount and Method of Payment

1. GRANT AMOUNT

FEDERAL BUDGET AND PERSONNEL DATA	
a. Personnel Services Salary	
b. Current Expenses	
c. Equipment	\$15,225.00
d. Indirect Costs and Audit Expense	
e. Contractual Services	
f. Travel Expenses	
Total	\$15,225.00

Project Cost is 50% Federal Funds, 50% Applicant Share
Awarding Agency: Office of Highway Safety (OHS)
Project Title & Number: Manchester Radars (14) #315-17A-025
PSP & Task #: 17-03 PT 01
Funding Source: 402 Funds
Catalog of Federal Domestic Assistance (CFDA) Number: 20.600
In Kind Match: \$15,225.00

2. PAYMENT SCHEDULE

- a. The Subrecipient agrees that the total payment by the State under this grant agreement shall be up to \$15,225.00.
- b. At least quarterly, the Subrecipient shall submit the Reimbursement form (HS-20) and activity reports (HS-200) to the State, along with supporting documentation and proof of payment, i.e., copies of purchase orders, vendor invoices, and/or cancelled checks. Each Reimbursement form must be accompanied by match documentation. The Subrecipient shall submit proper match documentation by submitting a completed Match Tracking for Personnel and Other Costs, the form of which is attached hereto as Exhibit B-1. Upon review and approval of the submitted forms, reports and supporting documentation, the

Grantee Initials _____ Date _____



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP *TDF For LLL*
Director, Planning and Community Development

Date: September 9, 2016

Re: Police Department - CIP #411317 – Sobriety Checkpoints

New Funding

The Police Department has notified us that the City has received new funding from the State of New Hampshire Department of Safety totaling \$13,912 for the implementation of Sobriety Checkpoints.

As such, we have prepared the appropriate CIP Amending Resolution and Budget Authorization Form necessary for program initiation.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

CIP BUDGET AUTHORIZATION

CIP#: 411317	Project Year: 2017	CIP Resolution: 5/17/2016
Title: Sobriety Checkpoints	Amending Resolution: 9/20/2016	
Administering Department: Police Department	Revision:	

Project Description: Operation of DWI sobriety checkpoints in cooperation with the NH State Police to identify and apprehend impaired drivers, increase public awareness and reduce serious motor vehicle accidents. Funding to support salary and fringes of eight officers to conduct (six) six-hour checkpoints.

Federal Grants	Federal Grant: No	Environmental	Review Required: No
	Grant Executed:		Completed:

Critical Events

1. Program Initiation	10/1/2016
2. Program Completion	9/30/2017
3.	
4.	
5.	
	9/30/2017

Line Item Budget

	STATE			TOTAL
Salaries and Wage	\$11,000.00	\$0.00	\$0.00	\$11,000.00
Fringes	\$2,912.00	\$0.00	\$0.00	\$2,912.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL	\$13,912.00	\$0.00	\$0.00	\$13,912.00

Revisions:

Comments:

Funds received from the State of New Hampshire Highway Safety Agency. Program initiation and completion dates determined by the grantor.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Thirteen Thousand Nine Hundred Twelve Dollars (\$13,912) for the FY 2017 CIP 411317 Sobriety Checkpoints.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept grant funds in the amount of \$13,912 from the State of New Hampshire Department of Safety to purchase 14 Radar Units;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By adding:

2017 CIP 411317 Sobriety Checkpoints - \$13,912 State

Resolved, that this Resolution shall take effect upon its passage.

Chief of Police
Enoch F. Willard
Assistant Chief
Carlo T. Capano



Commission
Mark E. Roy, *Chairman*
Woullard H. Lett
William M. Clifford
Eva Castillo-Turgeon
Steven J. Spain

CITY OF MANCHESTER
Police Department

September 7, 2016

To: Todd Fleming
From: Steve Hoeft, BSO

Re: Sobriety Checkpoints

Attached is the NH Highway Safety Project Grant Award in the amount of \$13,911.48 for Manchester Sobriety Checkpoints. I will send you the signed copy of the grant award once we get all of the signatures.

The dates for this grant is 10/1/16 to 9/30/17.

The funds breakdown is as follows:

Overtime	-	\$11,000.00
Fringes	-	\$ 2,911.48

Please process this as a project for approval.

Sincerely,

Steven L. Hoeft
Business Service Officer

Michael L. Briggs Public Safety Building
405 Valley Street • Manchester, New Hampshire 03103 • (603) 668-8711 • FAX: (603) 668-8941
E-mail: ManchesterPD@manchesternh.gov • Website: www.manchesterpd.com

A NATIONALLY ACCREDITED LAW ENFORCEMENT AGENCY



OFFICE OF HIGHWAY SAFETY GRANT AGREEMENT

The State of New Hampshire and the Subrecipient hereby
Mutually agree as follows:
GENERAL PROVISIONS

Project Title: Manchester Sobriety Checkpoints

Project #: 308-17A-016

1. Identification and Definitions.

1.1. State Agency Name New Hampshire Department of Safety Office of Highway Safety		1.2. State Agency Address 33 Hazen Drive, Room 109A Concord, NH 03305	
1.3. Subrecipient Name Manchester Police Department		1.4. Subrecipient Address 405 Valley Street Manchester, NH 03103	
Chief's Email Address: ewillard@manchesternh.gov		Grant Contact Email: jgallant@manchesternh.gov	
1.4.1 Subrecipient Type (State Govt, City/Town Govt, County Govt, College/University, Other (Specify) City		1.4.2 DUNS 604507046	
1.5. Subrecipient Phone # 603-668-8711	1.6. Effective Date October 1, 2016	1.7. Completion Date September 30, 2017	1.8. Grant Limitation \$13,911.48
1.9. Grant Officer for State Agency LuAnn Speikers		1.10. State Agency Telephone Number 603-271-2197	
"By signing this form we certify that we have complied with any public meeting requirement for acceptance of this grant, including if applicable RSA 31:95-b."			
1.11. Subrecipient Signature 1 Subrecipient Signature 2 Subrecipient Signature 3		1.12. Name & Title of Subrecipient Signor 1 Name & Title of Subrecipient Signor 2 Name & Title of Subrecipient Signor 3	
1.13. Acknowledgment: State of New Hampshire, County of _____, on / / , before the undersigned officer, personally appeared the person(s) identified in block 1.12., known to me (or satisfactorily proven) to be the person(s) whose name is signed in block 1.11., and acknowledged that he/she executed this document in the capacity indicated in block 1.12.			
1.13.1. Signature of Notary Public or Justice of the Peace (Seal)		1.13.2 Name & Title of Notary Public or Justice of the Peace	
1.14. State Agency Signature(s)		1.15. Name & Title of State Agency Signor(s) John J. Barthelmes, Commissioner NH Department of Safety Date: _____	
1.16. Approval by Attorney General (Form, Substance and Execution) (if G & C approval required) By: _____ Assistant Attorney General, On: / /			
1.17. Approval by Governor and Council (if applicable) By: _____ On: / /			

2. SCOPE OF WORK: In exchange for grant funds provided by the State of New Hampshire, acting through the Agency identified in block 1.1 (hereinafter referred to as "the State"), pursuant to RSA 21-P:55-63, the Subrecipient identified in block 1.3 (hereinafter referred to as "the Subrecipient"), shall perform that work identified and more particularly described in the scope of work attached hereto as EXHIBIT A (the scope of work being hereinafter referred to as "the Project").

EXHIBIT A

Scope of Services

1. The Office of Highway Safety (hereinafter referred to as The State) is awarding the Manchester Police Department (hereinafter referred to as the Subrecipient) \$13,911.48 for Sobriety Checkpoints, as further described in the Subrecipient's application, which is hereby incorporated by reference and made a part of this Grant Agreement.

Budget (Provide itemization as called for on Schedule B) and Source of Funds					
Cost Category	Total Budget	Federal Budget	Local Budget	State Budget	Other Funds
a. Personnel Services	\$13,911.48	\$13,911.48			
b. Current Expenses					
c. Equipment					
d. Indirect Costs & Audit					
e. Contractual Services					
f. Travel					
Total Approved Costs (Include Non-Federal Share)	\$13,911.48	\$13,911.48			

2. It is agreed that quarterly reports will be made to the Office of Highway Safety for the duration of the contract summarizing the progress being made in implementing the project and identifying any problems being encountered. A final report will be made upon completion of the project. Reports will be submitted within 20 days of the project termination date.
3. All publications, public information or publicity released in conjunction with this project shall state that "this project is being supported in part through a grant from the Office of Highway Safety with Federal funds provided by the National Highway Traffic Safety Administration, US Department of Transportation", or words to that effect.

EXHIBIT B

Grant Amount and Method of Payment

1. GRANT AMOUNT

FEDERAL BUDGET AND PERSONNEL DATA	
a. Personnel Services Salary	\$13,911.48
b. Current Expenses	
c. Equipment	
d. Indirect Costs and Audit Expense	
e. Contractual Services	
f. Travel Expenses	
Total	\$13,911.48

Project Cost is 80% Federal Funds, 20% Applicant Share
Awarding Agency: Office of Highway Safety (OHS)
Project Title & Number: Manchester Sobriety Checkpoints #308-17A-016
PSP & Task #: 17-02 M6OT 08
Funding Source: 405d Impaired Driving
Catalog of Federal Domestic Assistance (CFDA) Number: 20.616
In Kind Match: \$3,477.87

2. PAYMENT SCHEDULE

- a. The Subrecipient agrees that the total payment by the State under this grant agreement shall be up to \$13,911.48.
- b. At least quarterly, the Subrecipient shall submit the Reimbursement form (HS-20) and activity reports (HS-200) to the State, along with supporting documentation and proof of payment, i.e., copies of purchase orders, vendor invoices, and/or cancelled checks. Each Reimbursement form must be accompanied by match documentation. The Subrecipient shall submit proper match documentation by submitting a completed Match Tracking for Personnel and Other Costs, the form of which is attached hereto as Exhibit B-1. Upon review and approval of the submitted forms, reports and supporting documentation, the State will forward the funds to the Subrecipient. The Subrecipient will continue this

Grantee Initials _____ Date _____

Rev. 11/2015

Page 2 of 12



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman William Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

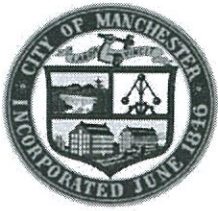
Date: September 9, 2016

Re: CIP #811117 – 2016 Bike Tour

New Funding

The Conservation Commission has requested a CIP account be set up to accept the private donations and participant registration fees generated from their 2016 Bike Tour. The donations and participant registrations are anticipated to fully fund the Bike Tour expenses, but in case they do not, the Commission will bridge the gap with their Operating budget.

Respectfully, I request that the Committee recommend the acceptance of this account to the full Board.



MANCHESTER CONSERVATION COMMISSION

c/o City of Manchester Planning and Community Development Department

One City Hall Plaza

Manchester, NH 03101

(603) 624-6450

pcd@manchesternh.gov

August 10, 2016

Alderman William Shea, Chairman
Committee on Community Improvement
Manchester Board of Mayor and Aldermen
One City Hall Plaza
Manchester, NH

**RE: Manchester Conservation Commission
Establishment of CIP Account**

Dear Alderman Shea,

On behalf of the Manchester Conservation Commission, I write to request the establishment of an FY 2017 CIP account allowing the Commission to receive funds from the 2016 Manchester Bike Tour event. The Bike Tour is a family friendly bike ride around the City. This will be our third year in a row of hosting the event. It brings a community of cyclists of all skill levels together and raises awareness of the Commission and its goals of preserving Manchester's natural resources.

The CIP Committee has approved of similar accounts in past years. This request is nearly identical to past requests. The only difference this year is that we anticipate even more participation in the event, so we would like to establish the account to accept up to \$10,000 in donations to be raised by the Commission.

We appreciate your consideration of our request to establish a CIP account for the acceptance of donations to the Commission. Should you have any questions, please feel free to contact me at 472-4488 or ngolon@tfmoran.com.

Sincerely,

Nicholas Golon, P.E.
Treasurer
Manchester Conservation Commission

CIP BUDGET AUTHORIZATION

CIP#: 811117	Project Year: 2017	CIP Resolution: 5/17/2016	
Title: 2016 Manchester Bike Tour		Amending Resolution: 9/20/2016	
Administering Department: Planning/Cpnservation Commission		Revision:	

Project Description: To accept donations for the 2016 Bike Tour and pay for realted expenses.

Federal Grants	Federal Grant: No	Environmental	Review Required: No
	Grant Executed: N/A		Completed:

Critical Events

1.	Program Initiation	9/20/16
2.	Program Completion	12/30/16
3.		
4.		
5.		
		12/30/2016

Line Item Budget

	OTHER			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$10,000.00	\$0.00	\$0.00	\$10,000.00
TOTAL	\$10,000.00	\$0.00	\$0.00	\$10,000.00

Revisions:

Comments:

Other funds will be derived from event donations - expenses will be paid as event donations are collected. Upon project completion, remaining balance will be transferred to the Commission's Operational Account.

City of Manchester New Hampshire

In the year Two Thousand and Sixteen

A RESOLUTION

“Amending the FY 2017 Community Improvement Program, authorizing and appropriating funds in the amount of Ten Thousand Dollars (\$10,000) for the FY2017 CIP 811117 2016 Manchester Bike Tour.”

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2017 CIP as contained in the 2017 CIP budget; and

WHEREAS, the 2017 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to accept donations for the 2016 Manchester Bike Tour;

NOW, THEREFORE, be it resolved that the 2017 CIP be amended as follows:

By adding:

FY2017 CIP 811117 – 2016 Manchester Bike Tour - \$10,000 Other

Resolved, that this Resolution shall take effect upon its passage.



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment


Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP 
Director, Planning and Community Development

Date: September 9, 2016

Re: The Mental Health Center of Greater Manchester - CIP #610117 – Merrimack
Street Group Home Fire Suppression System

New Funding

The Mental Health Center of Greater Manchester has notified us that they will not be moving forward with the planned safety and security improvements at the Merrimack Street Group Home and therefore will not be utilizing CIP funding at this time.

As such, we have prepared the appropriate Budget Authorization Form necessary to close out the project and designate the CDBG funds as unprogrammed.

Your review of these documents and a recommendation for approval to the full Board is respectfully requested.

Attachments:

CIP BUDGET AUTHORIZATION

CIP#: <input type="text" value="610117"/>	Project Year: <input type="text" value="2017"/>	CIP Resolution: <input type="text" value="5/17/2016"/>
Title: <input type="text" value="Merrimack St. Group Home-Auto. Fire Extinguishing Sprinkler Syste"/>	Amending Resolution: <input type="text"/>	
Administering Department: <input type="text" value="Mental Health Center of Greater Manchester"/>	Revision: <input type="text" value="#1/Closeout"/>	

Project Description:

Federal Grants	Federal Grant: <input type="text" value="Yes"/>	Environmental	Review Required: <input type="text" value="Yes"/>
	Grant Executed: <input type="text"/>		Completed: <input type="text" value="Pending"/>

Critical Events

1.	<input type="text" value="Project Initiation"/>	<input type="text" value="7/1/2016"/>
2.	<input type="text" value="Project Completion"/>	<input type="text" value="6/30/2017"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
		<input type="text" value="6/30/2017"/>

Line Item Budget

	CDBG Loan			TOTAL
Salaries and Wage	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Fringes	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Design/Engineering	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Planning	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Consultant Fees	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Construction Admin	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Land Acquisition	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Equipment	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Overhead	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Construction Contracts	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Other	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
TOTAL	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

Revisions:

Comments:



The Mental Health Center
of Greater Manchester

401 Cypress Street
Manchester, NH 03103
www.mhcgmm.org
P: 603.668.4111 F: 603.669.1131

August 25, 2016

Mr. Todd D. Fleming, CIP Coordinator
Planning and Community Development
Community Improvement Program Division
City of Manchester
One City Hall Plaza
Manchester, NH 03101

RE: CIP #610117 – Merrimack Street Group Home Fire Suppression System - \$93,900 Loan

Dear Mr. Fleming:

The Mental Health Center of Greater Manchester is in receipt of your recent communications informing our organization of the CDBG subsidy referenced above. We are extremely grateful to have been selected for this opportunity that would support our planned safety-and-security investments at the Merrimack Street Group Home.

Following months of strategic planning and revisions to our contracts with State and Commercial payer sources, it became necessary to make significant modifications to our Fiscal Year 2017 and Fiscal Year 2018 operating budgets, service delivery platforms, and resource allocations. As a result, several planned projects involving capital improvements to our facilities have been scaled back, or deferred until a later fiscal cycle.

We will not be able to move forward with this project and therefore cannot accept the CDBG subsidy at the present time.

We thank you and the entire Community Improvement Program Division of the City of Manchester for considering our application and providing us with the opportunity. The Mental Health Center of Greater Manchester certainly looks forward to working with your Team on future CIP activities.

Should you have any questions or need any additional information, please do not hesitate to contact me by telephone at 603-206-8553, or via email at michaudp@mhcgmm.org.

Sincerely,

Paul J. Michaud, MSB
Vice President / Chief Financial Officer



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
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MEMORANDUM

To: Alderman Bill Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #610616 – Housing Rehabilitation

Existing Funding

Recently, the CIP Committee and Board of Mayor and Aldermen approved Policies and Procedures for The Housing Rehabilitation Program. The Program will focus on assisting Single or Multi-Family dwellings (up to 4 units) that are Owner-Occupied with property maintenance items that pose a threat to the health and safety of the occupants. Staff has made a few substantive changes for clarity to the document, except for the section that explains the loan terms. This section has been expanded to give greater term details than the previous version as a result of training guidance from the Department of Housing and Urban Development (HUD).

Respectfully, I request that the Committee make a recommendation to the full Board regarding the acceptance of the revised Policies and Procedures for The Housing Rehabilitation Program.

Application Phase

- The City will announce funding availability for the Housing Rehabilitation Program.
 - Loans will be available for up to \$15,000 per building with the option to increase to a maximum of \$25,000 if the CIP Planner has identified extenuating circumstances that are found to pose a serious and immediate threat to the health and safety of the occupants.
- The application period will commence following the funding announcement with submission deadlines detailed on the application.
- Interested Property Owners of single family or multi-family homes (4 units or less) within the City of Manchester are required to fill out an application package and submit it to the Planning & Community Development Department – CIP Division prior to the closing date.
- Property Owners are required to remit completed applications with the required back-up to verify household income and property eligibility. *Incomplete applications will not be evaluated or accepted.*
- The CIP Planner will review the application to determine eligibility in these areas:
 - Income – Owner and residents of the building are required to document household income with a copy of a current tax return, one month of paystubs and/or documentation for miscellaneous forms of ‘other’ income (interest on savings or investment accounts, Social Security, Disability, Child Support, Veteran’s Pension, Retirement/Pension, Social Service assistance). All housing units to be assisted must document an annual household income of 80% Area Median Income or less as determined by the US Dept. of Housing and Urban Development (DHUD).
 - Property Status – The Property Owner is required to provide specific records that prove the property is in good standing with all City of Manchester accounts. Specific accounts to be reviewed are: Property Tax, Water and Sewer. The Property Owner must submit current copies of each bill and payment record with their application. The Building Regulations Division of Planning and Community Development will need to be contacted to obtain permit information and ensure any permits obtained for the property were properly inspected and satisfactorily closed. If a property is delinquent in any area mentioned above, the Property Owner should address the situation prior to applying or else the property will not be eligible to receive funding. In addition, the City wants to ensure the property is in good financial standing and therefore requires a copy of the current mortgage statement. If the property is currently enrolled in a modification process with their financial institution and has shown to be up to date with those payments, the property would be deemed eligible. If mortgage payments are past due and

modification/re-structure has not been pursued, the property will not be considered eligible for the program.

- Proof of Ownership – The Property Owner is required to provide specific records that prove ownership and principal residence of the property. Specific items include: Tax Bill or Deed and statement showing current property insurance.
- Upon conclusion of the review there are two potential outcomes:
 - The application is complete as submitted and deemed eligible to move to the Enrollment Stage.
 - The application is incomplete or lacking the adequate back up to verify the eligibility criteria listed above; therefore the application is incomplete and will not be evaluated further.
 - The applicant will receive a letter of rejection stating the reason why the application was not evaluated further.

Enrolled Phase

- Eligible project applications are further reviewed by a CIP Planner to assign a preliminary prioritization ranking based on the following criteria as they apply to the Property Owner and the application as submitted:

Household Characteristics:

- **Special Needs/Disabled (20 points)**

Disabled is defined as a person who has a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423), or is determined to have a physical, mental, or emotional impairment that is expected to be of long continued and indefinite duration. This disability must substantially impede his/her ability to live independently, and be of such a nature that such ability could be improved by more suitable housing conditions. A disabled person is also defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(5)).

- **Elderly (20 points)**

Elderly is defined as 62 years of age or older.

- **A minimum of (1) child under 12 (10 points)**

Current Income Limits as defined by US Dept. of Housing and Urban Development (HUD):

- **Family household income equal to or less than 30% of Area Median Income (15 points)**
- **Family household income between 31% - 50% of Area Median Income (10 points)**
- **Family household income between 51% - 80% of Area Median Income (5 points)**

Households exceeding 80% Area Median Income are not eligible for this program

Designated Targeted Areas as defined by the City (see attached Map):

- **Project address is located within designated target area (10 points)**

Housing Rehab Needs:

- **Units in need of repairs that will prevent people from living there and that address major code violations and / or health and safety hazards (ex. Sewer leaks or blockages, porch deterioration, structural issues, roof leaks, inoperative heat or hot water systems, any areas of a structure that needs a major renovation, etc.). (20 points)**
- **Units in need of repairs that will not prevent people from living there and that address secondary code violations and / or health and safety hazards (ex. Surface defects such as paint issues, worn/torn flooring, minimal amounts of exterior siding cracked/missing, windows needing repair, defective electrical/plumbing fixtures, etc.). (15 points)**

- Units in need of assistance to improve energy conservation using Energy Star guidelines recommended by HUD (ex. Replace windows or insulation). **(10 points)**

Cosmetic repairs are considered ineligible for this program.

- The preliminary ranking assessed to the projects will dictate the order in which further evaluation will take place. The three projects with highest point totals will receive an inspection by the City's Construction Manager to document the deficiencies.
- Upon inspection completion, the Construction Manager will generate a work scope that addresses the identified Housing Code violations. The violations assessed will be based on the City of Manchester's Housing Code. They will be compared to the list given by the Property Owner at the time of application. The scoring of the application will be adjusted by a CIP Planner based on this comparison.
- The Construction Manager will produce an in-house cost estimate to address the deficiencies detailed in the Work Scope. The estimate will be based on the Construction Manager's experience, current industry standards, and local market conditions.
- The applicants that did not receive one of the top five scores will receive a letter detailing their scoring and placement among other applications received. It will also explain that if the projects selected should come in under budget or not move forward for any number of reasons, their project may be selected in the future. Unsuccessful applicants will be encouraged to apply for future funding opportunities.
- The project with the highest score will be notified with a pre-approval letter detailing the following information: Work Scope, pre-approval allowing the Property Owner to obtain contractor bids and City expectations for project progress.
 - The Work Scope will identify the major and minor violations to be addressed in order for the dwelling to be deemed in compliance with the City of Manchester's Housing Code.
 - Using the Work Scope as an explanation of work to be performed, the Property Owner will obtain (3) three quotes from separate qualified, licensed contractors that will address the violations as listed. The three quotes will need to be submitted within 30 days of the pre-approval letter.
 - The City maintains a list of pre-qualified contractors which can be provided to the Property Owner to assist in selecting a reputable, licensed contractor. An Invitation to Bid to solicit pre-qualified contractors will be advertised annually.
 - If the Contractor furnishing the quote has not been pre-qualified, they must submit their application immediately after submitting their quote. (Application is included as Attachment A) If the Contractor is approved, their quote will be considered valid. If the Contractor does not seek qualification with the Program or is denied qualification, their quote will not be considered valid and will not contribute to the 3 quotes the Property Owner must obtain for proper competitive bidding procedures.
 - Upon project completion, all major and minor violations will need to be addressed.

- Any violation that the Property Owner chooses to complete independently of the City's project funding or is ineligible for funding will need to be completed in a satisfactory matter within 30 days of the pre-approval letter. This work will be inspected by a City Inspector prior to commitment of project funding.
 - If the Property Owner does not address the areas they commit to within 30 days of the pre-approval letter, the property will be disqualified from the program and receive no funding.
- The Property Owner has 30 days from the pre-approval letter to complete the following tasks:
 - Furnish 3 quotes from licensed, qualified contractors that have received a pre-approval through the City's Program to address the major and minor Housing Code violations identified in the Work Scope. In some instances, projects cannot be completed by General Contractors and require licensed professionals in specific trades. In that instance, three quotes will be required from each trade requiring a different licensed professional.
 - Complete work on any violation not being addressed by the Contractor and have it inspected by the proper City Inspector for acceptance of satisfactory completion.
- The City's Construction Manager will hold a contractor walk through with the 3 bidders and the Owner to ensure bidders are adequately addressing the deficiencies described in the Work Scope utilizing the City's Construction Standards - General Conditions.
- The City's Construction Manager will review the 3 quotes submitted against the Work Scope. The City maintains the right to re-bid the project when bids exceed 10 percent of cost estimates. The bids will then be given to the Property Owner for their review and selection of their Contractor.
 - The City will only reimburse eligible project costs detailed on the bid submitted by the lowest qualified Contractor. However, the Property Owner is permitted to retain the services of another Contractor. The alternate Contractor will need to follow the same policies explained above and the Property Owner will be responsible for paying the difference between the bid submitted by the lowest qualified Contractor and the Property Owner's selected Contractor.
- Upon the selection of a Contractor by the Property Owner, the CIP Planner will conduct an Environmental Review on the property to be assisted.
 - If the project is considered covered under the City's standing Programmatic Agreement with the State Historic Preservation Office (SHPO), the process will move forward immediately.
 - If the project is outside the parameters set forth under the Programmatic Agreement, photos of the property will be taken and a SHPO Property Inventory form will be completed and submitted to SHPO for their review. The winning quote would be provided to SHPO as back-up to the request. The determination received from SHPO will either allow for the project to move forward as planned or will require alterations to the winning bid to address Historical Preservation needs.

- The City will draft several contractual documents and email them to the Property Owner and Contractor establishing a closing date for all parties to come in and sign:
 - Repayable Loan Agreement – The Property Owner is accepting the City’s repayment terms associated with the loan, Program policies and post completion compliance requirements.
 - Contractor Agreement – The agreement between the Property Owner and the Contractor outlining the scope of work, price and schedule.
 - Loan Disclosure – The Property Owner agrees to the terms of Loan. Loan terms will be determined by the household income of the Property Owner. The two income levels that will determine the repayment terms:
 - At or below 60% of the Area Median Income - Full repayment of the 0% interest loan to the City of Manchester will be due upon sale or transfer of the property.
 - 61-80% of the Area Median Income – The 0% interest loan will be re-paid annually to the City of Manchester for a maximum term of 15 years. Annual payments to commence 12 months from certificate of final inspection and acceptance date.
 - Mortgage Deed – The Property Owner will sign to facilitate recording the Deed at the end of the project.
- At closing, a project schedule will be reviewed and agreed upon by the City, Property Owner and Contractor. Schedule will include start date, any major progress deliverables and end date.
- The Contractor will be given the Section 3 and MBE/WBE forms to fill out and return prior to completing the job.

Construction Phase

- Any additional work identified after the Closing will need to be reviewed by the CIP Planner and Construction Manager. In most cases, costs which exceed the original contract amount will be the financial responsibility of the Property Owner.
- The Contractor will not be issued a Notice to Proceed until a copy of the Building Permit has been remitted to the Construction Manager.
- Once the Building Permit has been received, the Construction Manager will issue a Notice to Proceed.
- The Property Owner is to contact the Construction Manager once work has been completed by the Contractor and submit the Contractor's invoice. The Contractor is responsible for contacting the appropriate City Inspector to review the work and close out the Building Permit that was initially applied for prior to the final payment inspection by the Construction Manager and City's Code Enforcement Officer.
- The CIP Planner will review the Contractor's invoice and coordinate an inspection by the City's Construction Manager and Code Enforcement Officer to examine the work and collect signatures on the payment form from the Property Owner, Contractor, Construction Manager, and CIP Planner signifying satisfactory completion of work and approving the Contractor's payment.
- All payments disbursed will be for completed work. No payments will be made for partial completion, pre-payment for materials, etc.
- All final inspections must be completed prior to release of payment.

After Completion/Compliance

- Each project receiving over \$2,000 will have a lien recorded on the property at the Hillsborough County Registry to ensure compliance with the Terms and Conditions of the Repayable Loan Agreement. The Loan will be secured by a mortgage deed, which will be discharged upon the successful completion of the Compliance period. A mortgage discharge will be executed by the City, but it is the responsibility of the Property Owner to file it with the Hillsborough County Registry of Deeds.
- Subordination will only be granted in the event that the owner is refinancing to get a lower monthly rate and there is no cash being taken out. If an owner is taking out cash to make improvements to the property that will be considered. All requests are reviewed and subject to approval by the CIP Committee and Board of Mayor and Alderman.
- Routine monitoring and inspections are conducted by Staff to ensure that Property Owners continue to comply with the Program Requirements.
- Property Owners agree to the following restrictions on assisted units for a period of three years following the completion of the housing rehabilitation activities:
 - Rent all units to households at or below 80% Area Median Income as defined by HUD
 - Rent all units at or below Fair Market Rents as defined by HUD. The City has adopted the Fair Market Rent limits published by the Department of Housing and Urban Development as its determination for 'affordable rents.'
 - If unit turnover should take place, the first two restrictions will be imposed on the prospective tenants
 - Property Owners must remain living in the property as their principal residence for the duration of the five years.

Grievance Procedures

If a dispute should arise between parties involved (owner, contractor, or Construction Manager), resolution will be attempted at the following levels: a) meeting of owner, contractor, and Construction Manager, and/or, b) filing of a grievance with the CIP Coordinator.



CITY OF MANCHESTER

PLANNING AND COMMUNITY DEVELOPMENT

Planning and Land Use Management
Building Regulations
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Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman William Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #711613 – Odd Fellows Hall Operational Expense Project

New Funding

The Odd Fellows Hall Operational Account is funded by the rents of the monthly tenants in the building which are used to pay for general building operational and maintenance costs. This account requires a project extension to allow for it to continue accepting the rents and paying for general expenses. At this time, we request the project be extended to continue as it was adopted.

Respectfully, I request that the Committee recommend the extension of this account to the full Board.

CIP BUDGET AUTHORIZATION

CIP#: 711613 Project Year: 2013 CIP Resolution: 6/12/2012
 Title: Odd Fellows Hall Operational Expense Project Amending Resolution: 9/20/2016
 Administering Department Highway-Facilities Revision: #1

Project Description: To accept rent revenues from the tenants of the building and pay for general building operational and maintenance costs which include: gas and electric utilities, pest control, elevator maintenance, building HVAC and general maintenance, EBU testing, fire alarm testing, and sprinkler testing.

Federal Grants Federal Grant: No **Environmental** Review Required: No
 Grant Executed: N/A Completed:

Critical Events

1	Program Initiation	5/21/2013
2	Program Completion	6/30/2020
3		
4		
5		
		6/30/2020

Line Item Budget

	OTHER			TOTAL
Salaries and Wages	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$400,000.00	\$0.00	\$0.00	\$400,000.00
TOTAL	\$400,000.00	\$0.00	\$0.00	\$400,000.00

Revisions #1 - Increases budget by \$280,000 Other and extends project completion date.

Comments: This is a three year project that anticipates accepting rent revenues of about \$40,000 per year and expending approximately the same amount on the specific building maintenance items listed above. Budget revised to reflect anticipated building revenues and expenses for the next 4 years.



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Deputy Director - Building Regulations

MEMORANDUM

To: Alderman William Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #810716 – Manchester Conservation Commission Operational Budget

Existing Funding

The Conservation Commission was granted \$2,500 by an action taken by the Board of Mayor and Aldermen at their September 1, 2015 meeting to establish an Operational Account. The Commission's goal is to use this account sparingly and have it available for the future. In order to facilitate the availability of the account as requested, the project end date must be extended.

Respectfully, I request that the Committee recommend the extension of this account to the full Board.

CIP BUDGET AUTHORIZATION

CIP#: 810716

Project Year: 2016

CIP Resolution: 6/9/2015

Title: Manchester Conservation Commission Operational Budget

Amending Resolution: 9/1/2015

Administering Department: Planning and Community Development

Revision:

Project Description:

To potentially draft an amendment to the City Site Plan regulations to include Conservation Easement signage in appropriate areas, maintain membership in the State Association of Conservation Commissions, Advertising, Training and Development and general supplies.

Federal Grants

Federal Grant:

Environmental

Review Required: No

Grant Executed:

Completed:

Critical Events

1.	Program Initiation	9/1/15
2.	Program Completion	6/30/20
3.		
4.		
5.		
		6/30/2020

Line Item Budget

	OTHER			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$2,500.00	\$0.00	\$0.00	\$2,500.00
TOTAL	\$2,500.00	\$0.00	\$0.00	\$2,500.00

Revisions:

Comments:

Other funds to be taken from the Contingency account. Project completion date extended.



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MEMORANDUM

To: Alderman William Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP
Director, Planning and Community Development

Date: September 9, 2016

Re: CIP #810917 – Permit and Licensing Software Upgrade

Existing Funding

The Planning and Community Development Department is requesting a change in the Administering Department for the aforementioned project to Information Systems. This change will facilitate the seamless integration between a new product and the City's current systems.

Respectfully, I request that the Committee make a recommendation to the full Board.

CIP BUDGET AUTHORIZATION

CIP#: <input type="text" value="810917"/>	Project Year: <input type="text" value="2017"/>	CIP Resolution: <input type="text" value="5/17/2016"/>
Title: <input type="text" value="Permit and Licensing Software Upgrade"/>	Amending Resolution: <input type="text"/>	
Administering Department <input type="text" value="Information Systems"/>	Revision: <input type="text"/>	

Project Description:

Federal Grants	Federal Grant: <input type="text" value="No"/>	Environmental	Review Required: <input type="text" value="No"/>
	Grant Executed: <input type="text"/>		Completed: <input type="text"/>

Critical Events

1.	<input type="text" value="Project Initiation"/>	<input type="text" value="7/1/2016"/>
2.	<input type="text" value="Project Completion"/>	<input type="text" value="6/30/2017"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text" value="6/30/2017"/>

Line Item Budget

	BOND			TOTAL
Salaries and Wage	\$0.00	\$0.00	\$0.00	\$0.00
Fringes	\$0.00	\$0.00	\$0.00	\$0.00
Design/Engineering	\$0.00	\$0.00	\$0.00	\$0.00
Planning	\$0.00	\$0.00	\$0.00	\$0.00
Consultant Fees	\$0.00	\$0.00	\$0.00	\$0.00
Construction Admin	\$0.00	\$0.00	\$0.00	\$0.00
Land Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Overhead	\$0.00	\$0.00	\$0.00	\$0.00
Construction Contracts	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$350,000.00	\$0.00	\$0.00	\$350,000.00
TOTAL	\$350,000.00	\$0.00	\$0.00	\$350,000.00

Revisions:

Comments:

Changes Administering Department from Planning and Community Development to Information Systems.



CITY OF MANCHESTER

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Community Improvement Program
Zoning Board of Adjustment

Leon L. LaFreniere, AICP
Director

Pamela H. Goucher, AICP
Deputy Director - Planning & Zoning

Michael J. Landry, PE, Esq.
Deputy Director - Building Regulations

MEMORANDUM

To: Alderman William Shea,
Chairman, CIP Committee

From: Leon L. LaFreniere, AICP *DD For LL*
Director, Planning and Community Development

Date: September 8, 2016

Re: CIP #610810 Down Payment Assistance Program – Mortgage Subordination
16 Prairie Court (Single Family Home)

Jaya Khadka, the owner of 16 Prairie Court has contacted this office to request the subordination of a City lien totaling \$20,000 placed upon the aforementioned property. The lien was placed due to the use of HOME funds used to assist the owner with the acquisition of the property.

The requested subordination will allow the owner to acquire a lower rate mortgage on the property thereby reducing operational costs and correspondingly, its economic viability. The owner represents that no cash is being taken out in the refinancing and that the City's security instrument will remain in second position. As such, it would be consistent with the previous actions of the Committee to recommend this lien subordination.

Respectfully, I request that the Committee make a recommendation to accept or deny the subordination request to the full Board.

September 7, 2016

City of Manchester
Attn. Chairman William Shea, CIP Committee
One City Hall Plaza
Manchester, NH 03101

RE: Subordination Request for Jaya B. Khadka and Alisha Khadka of 16 Prairie Court, Manchester, NH 03102

Dear Mr. Shea:

The above referenced borrower has requested a subordination of their second lien mortgage to the City of Manchester in order to refinance their current first mortgage to receive a lower rate, shorter term, remove PMI and transfer title to include spouse. Upon recording, the City of Manchester's lien will remain in second position. According to the documentation received by the new first mortgage lender, there is very limited cash to be received by the borrower at closing to cover closing costs.

Please contact me if you require any additional information and/or documentation.

Best regards,



Paul McLaughlin
Home Ownership Manager
NeighborWorks Southern New Hampshire
801 Elm Street, 2nd Floor
Manchester, NH 03101

TRUSTEES Ron Boufford Sylvio Dupuis Joseph B. Reilly
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